State of Palestine
Nutrition
Cluster

SoP Nutrition Cluster Coordination Meeting

22 Jul 2026

Agenda

Agenda Item	Minutes
Introduction & Action Points	1300 - 1305
Update from the ICCG	1305 - 1310
SMART Survey	1310 - 1330
Strategic reflections based on SMART survey & HNRP Update	1330 - 1340
Midyear dashboard	1340 - 1405
West Bank Update	1405 - 1415
Partner Updates	1415 - 1430
AOB	

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Action	Status
Complete and present bilateral data validation with partners and finalize CMAM indicators integration into the dashboard	Done
Conduct bilateral data validation where discrepancies are identified.	Ongoing
Review current screening strategies to ensure outreach activities prioritize higher-risk communities rather than repeatedly screening the same lower-risk populations.	Done
Conduct trend analysis through NIS TWG	Done
Follow up bilaterally on implementation of inpatient protocols for children above 12 years.	In Progress
Finalize the acute malnutrition burden estimates for children and mothers to accompany the IPC release.	Done
Present SMART Survey results when ready	Will be presented today
Collect site closure reports through the site closure reporting tool as facilities become affected.	Ongoing
Conduct a technical review of the MAM-to-SAM admission ratio through the CMAM Technical Working Group.	Done
Raise breastfeeding barriers and infant admissions during the next CMAM Technical Working Group meeting.	In Progress

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Update from the ICCG

Gaza Nutrition SMART Survey Result

unicef
for every child

SMART

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ACTION AGAINST HUNGER

Survey goal and objectives

GOAL: To assess the nutritional status of children aged 0–59 months and women of reproductive age (15–49 years) and identify key contributing factors to malnutrition across the Gaza Strip to inform the humanitarian response.

Specific objectives:

- To estimate the prevalence of acute and chronic malnutrition in children 0-59 months
- To estimate the prevalence of morbidities (diarrhoea, fever, ARI) in children 0-59
- To assess the health seeking behaviours of mothers of children 0-59 months.
- To assess IYCF practices in caregivers of children 0-23 months.

Limitation of the survey: *The survey is representative on areas that are accessible for humanitarian interventions within each Domain and Gaza Strip i.e., areas considered inaccessible were removed from the sampling frame before the cluster selection.*

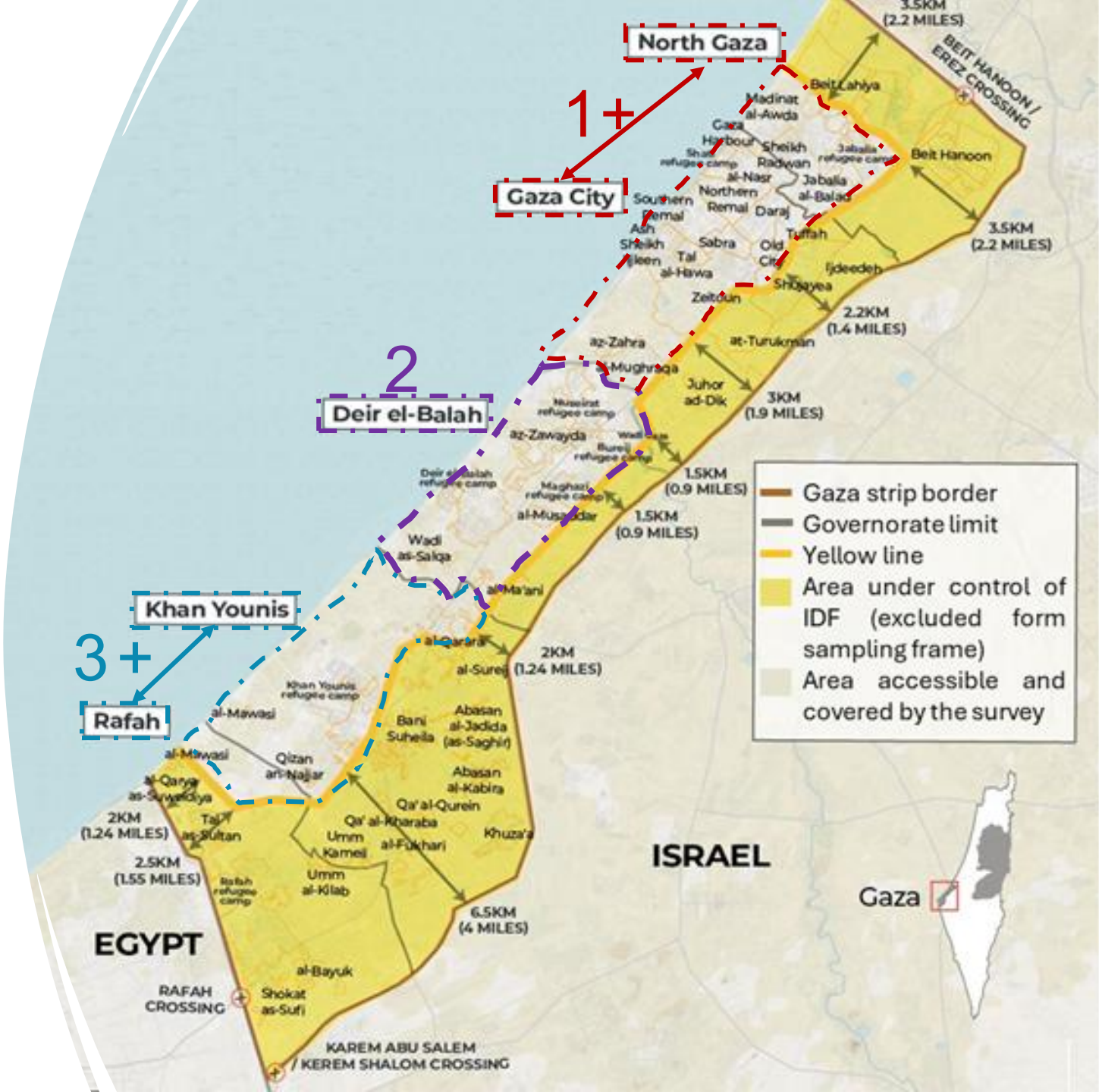
Methodology

Section	Methods
Study design	Cross-sectional, SMART methodology, quantitative
Survey areas	3 Governorate zones (Gaza City/North Gaza, Deir Al-Balah, and Khan Yunis/Rafa), each with an independent sample. Weighted results for Gaza Strip Region will also be provided.
Survey participants/ Target	Children 0-59 months: Child anthropometry and morbidity Children 0-23 months: Infant and Young Child Feeding practices Women 15-49 years: Acute malnutrition
Sampling	Two stage cluster sampling 1st stage: random selection of clusters based on Population Proportional to size (PPS) Population figures estimated from last update master list of Settlements SMART + infrastructure aided the process 2nd stage: selection of HHs within clusters using SRS

Target Population

- Access and Security: Access to survey areas within the Yellow Line is subject to security clearance and operational approval by ACF our implementing partner.

- Survey Domains: The survey is designed to produce three independent, representative estimates (survey domains), as illustrated on the map.

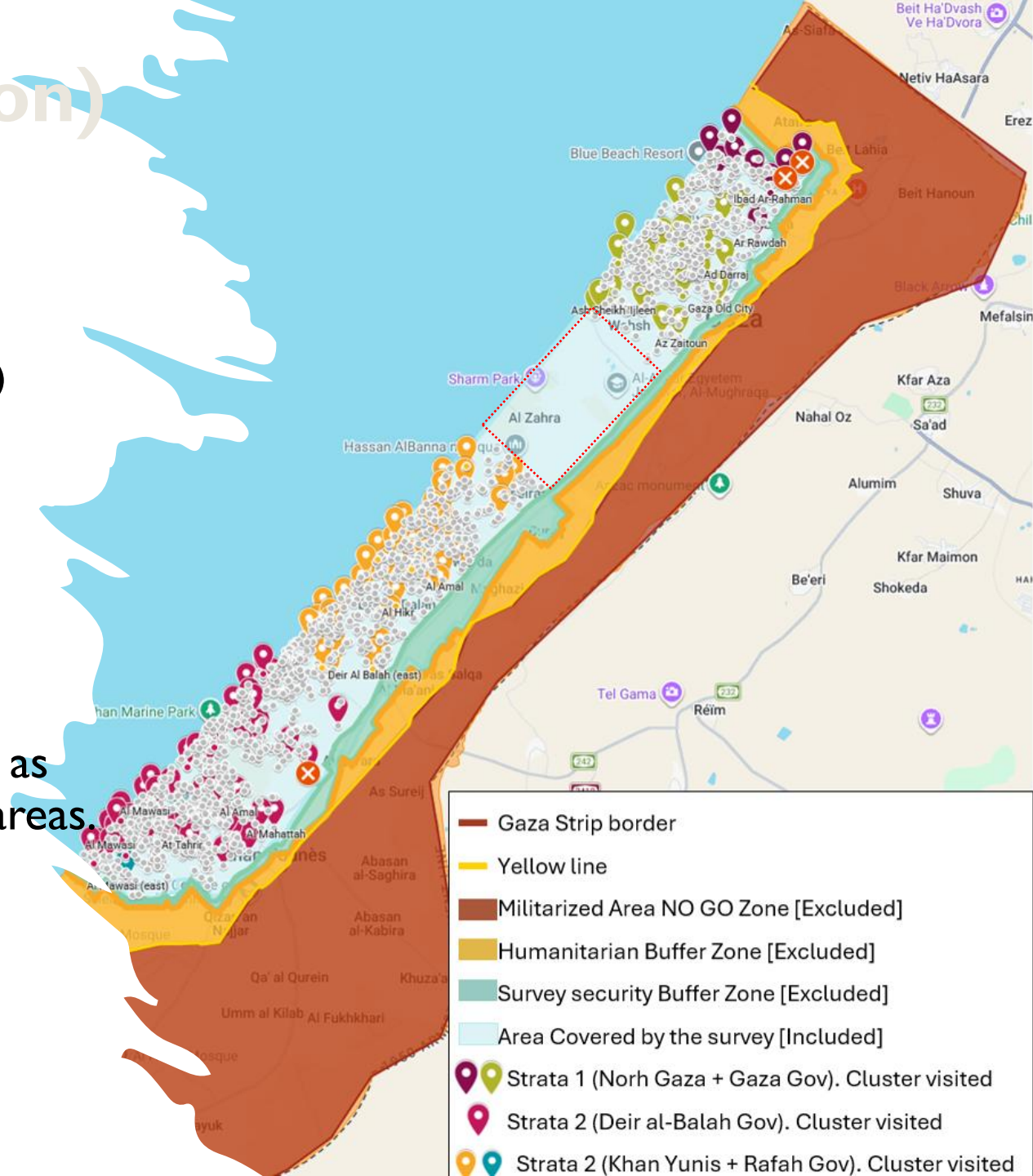


Representativeness (Exclusion)

Key Messages

- Population Included: an estimated 1.72 million people (83%)
- Population Excluded: Approximately 358,244 people (17%) because of access and security constraints:
  - No Go Zone (3%)
  - Humanitarian Buffer (4%)
  - SMART Survey Security Buffer (8%)
  - Netzarim Corridor (1%)

The survey findings should therefore be interpreted as representative of populations residing in accessible areas.



Results

Results- Sample Size

Governorate	Number of Clusters			Number of Households					Number of Children 0-59m			
	Planned	Surveyed	%	Planned	Consented	Absent	Refused	%	Planned	Surveyed	Measured	%
Gaza City/North Gaza	50	48	96.0	750	697	21	2	92.9	331	544	518	156.5
Deir Al-Balah	50	50	100.0	750	688	62	0	91.7	331	420	396	119.6
Khan Yunis/Rafa	50	49	98.0	750	704	28	3	93.9	331	447	421	127.2
Total	150	147		2250	2089				993	1411	1335	

Achieved 98% of planned clusters despite operational constraints.

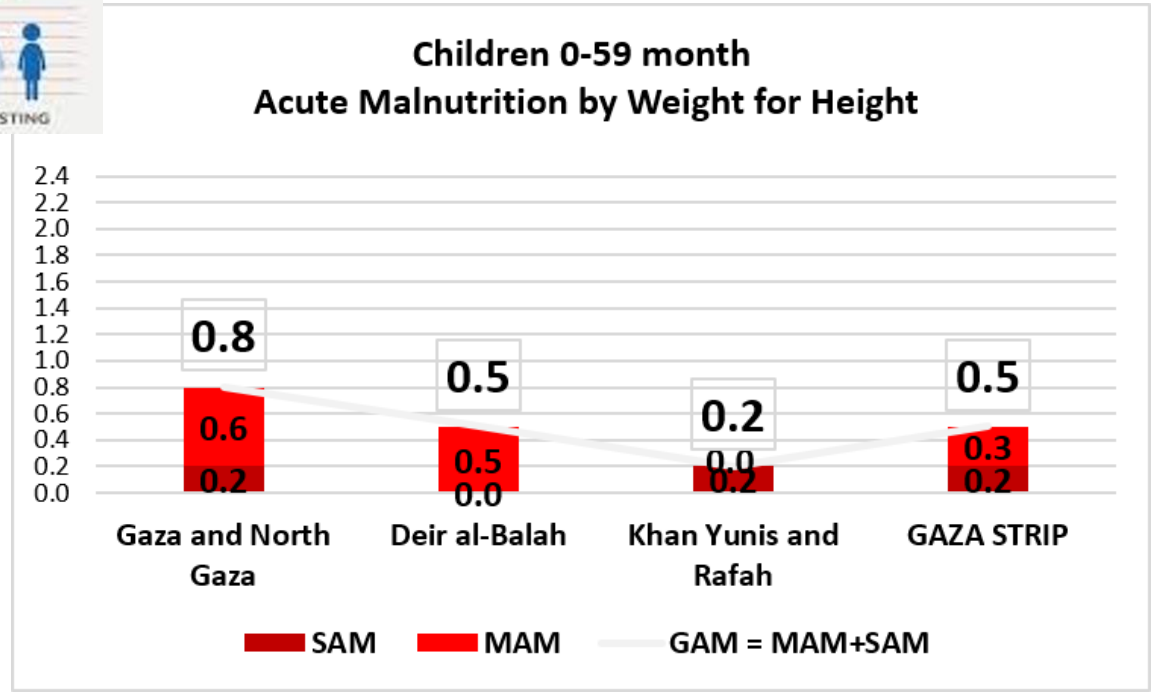
HHs response rates exceeded 91% across all domains,.

Non-response resulted from HH absence rather than refusal,.

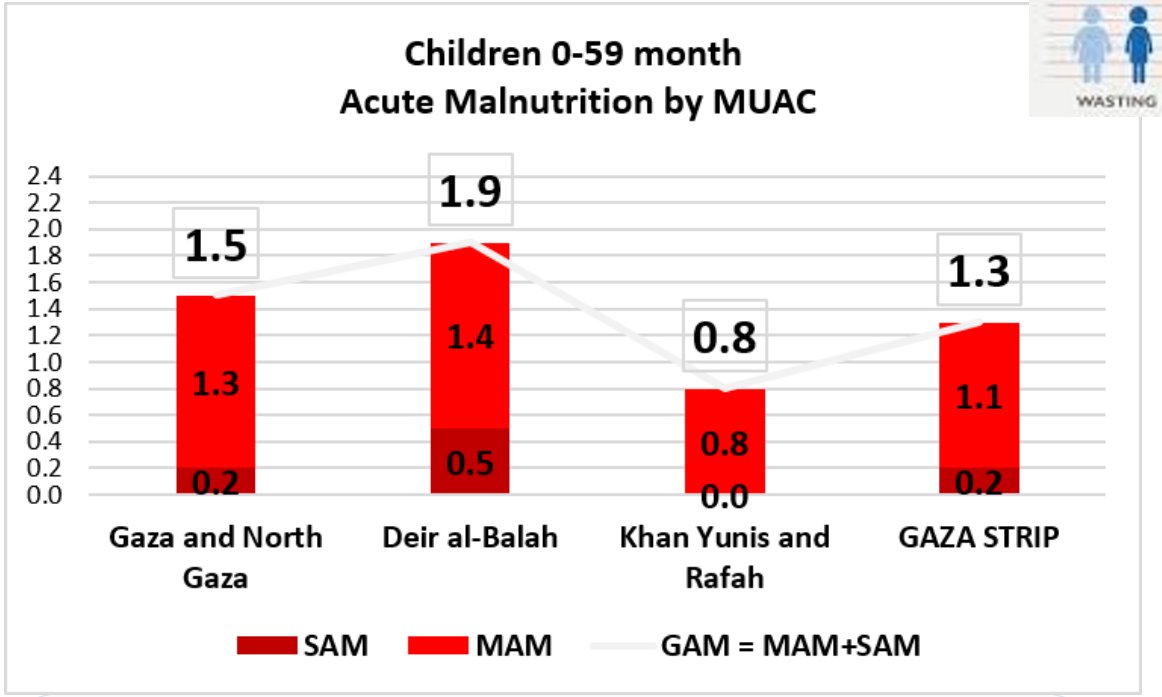
Exceed minimum require sample for the precision and reliability of survey estimates

Acute malnutrition remains low, but screening must continue

WHZ wasting remains low in all domains



MUAC identifies slightly more children than WHZ

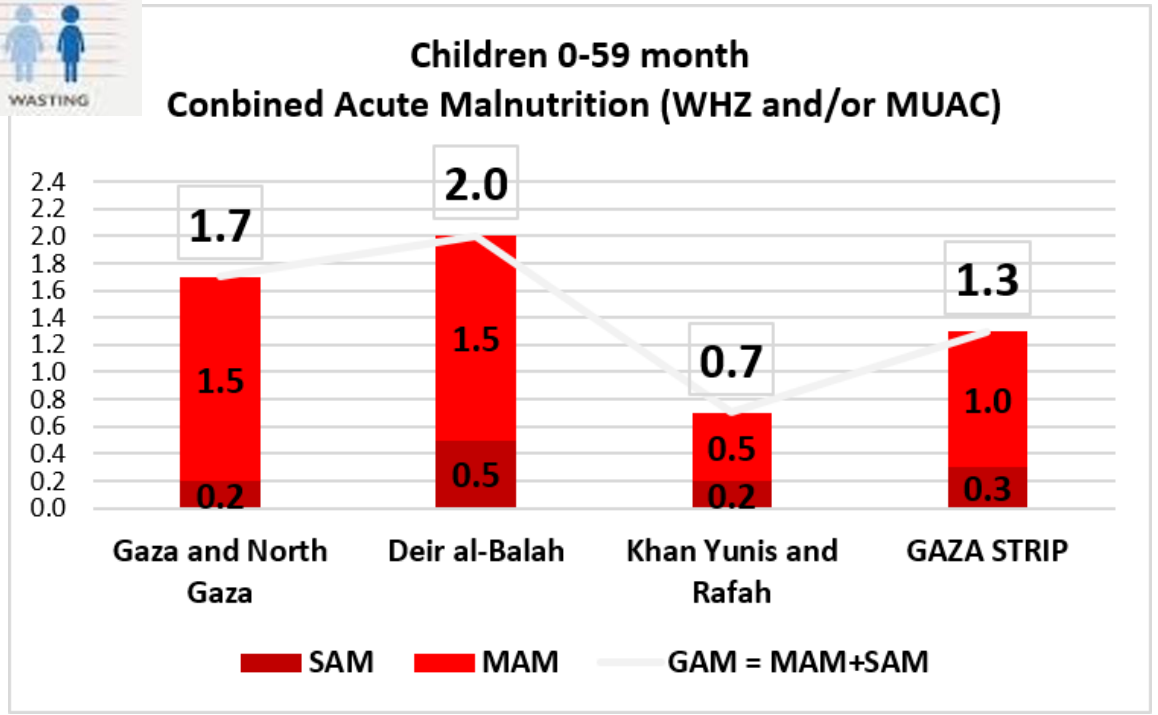


- Wasting by WHZ is low across all domains, suggesting no widespread acute malnutrition at population level.
- Gaza City/North has the highest WHZ GAM at 0.8%, while Khan Younis/Rafah has the lowest at 0.2%.
- SAM by WHZ remains very low in all domains, but any severe case still requires active follow-up.

- MUAC identifies a slightly higher GAM burden than WHZ in all domains.
- Deir Al-Balah records the highest MUAC GAM at 1.9%, followed by Gaza City/North at 1.5%.
- This reinforces the need to maintain routine MUAC screening even where WHZ wasting is low.

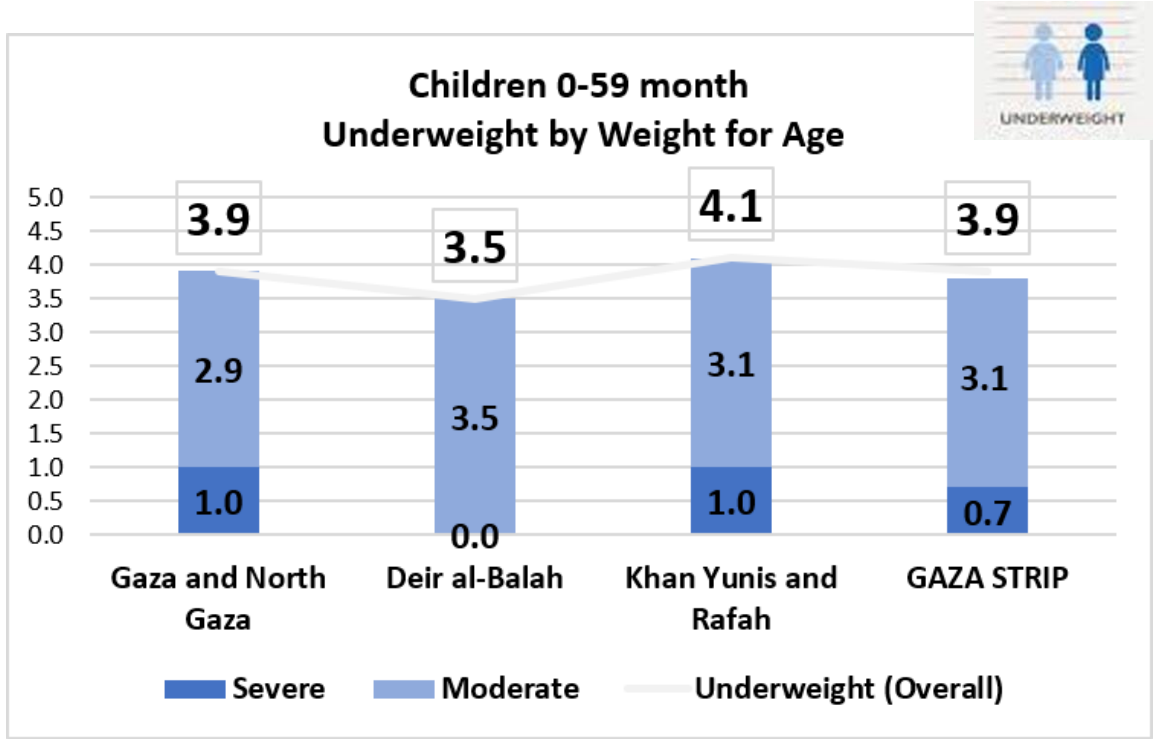
Combined acute malnutrition and underweight: programmatic view

Combined GAM is low but programmatically important



- Combined GAM remains low overall, with Gaza Strip at 1.3%.
- Deir Al-Balah has the highest combined GAM at 2.0%, while Khan Younis/Rafah has the lowest at 0.7%.
- Combined GAM is the most programmatically useful indicator because it captures children identified by either WHZ or MUAC.

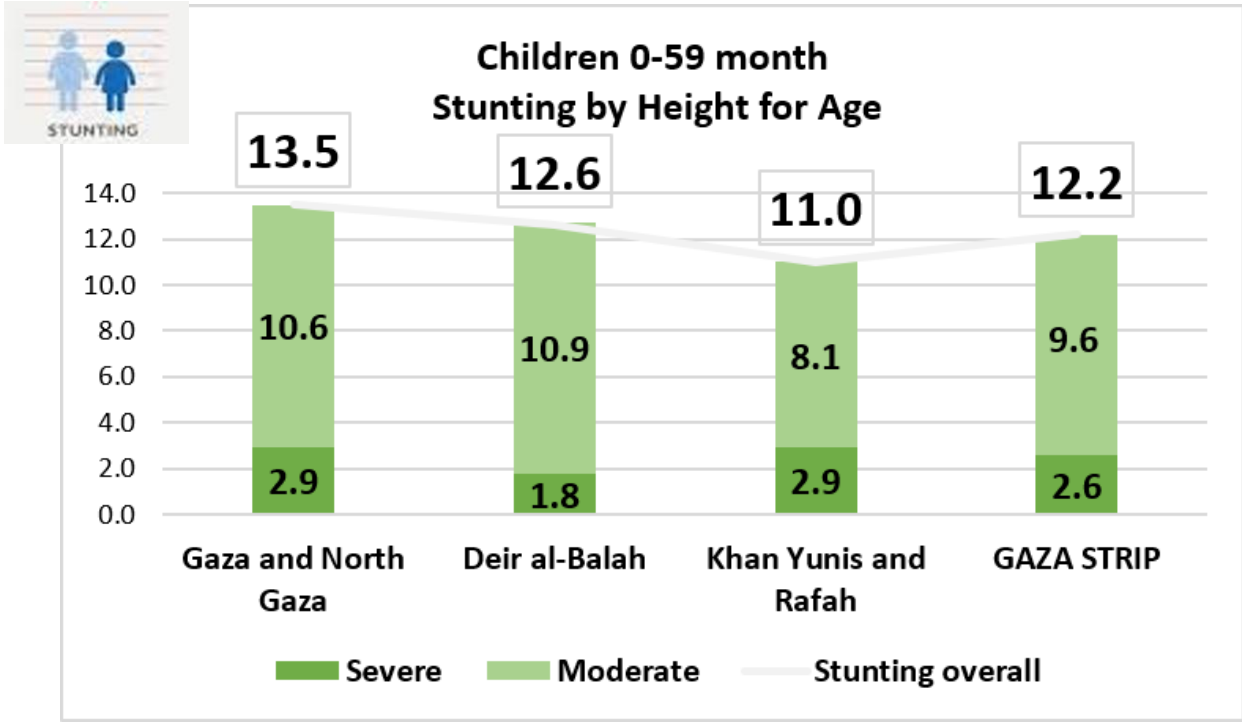
Underweight reflects both acute and chronic stress.



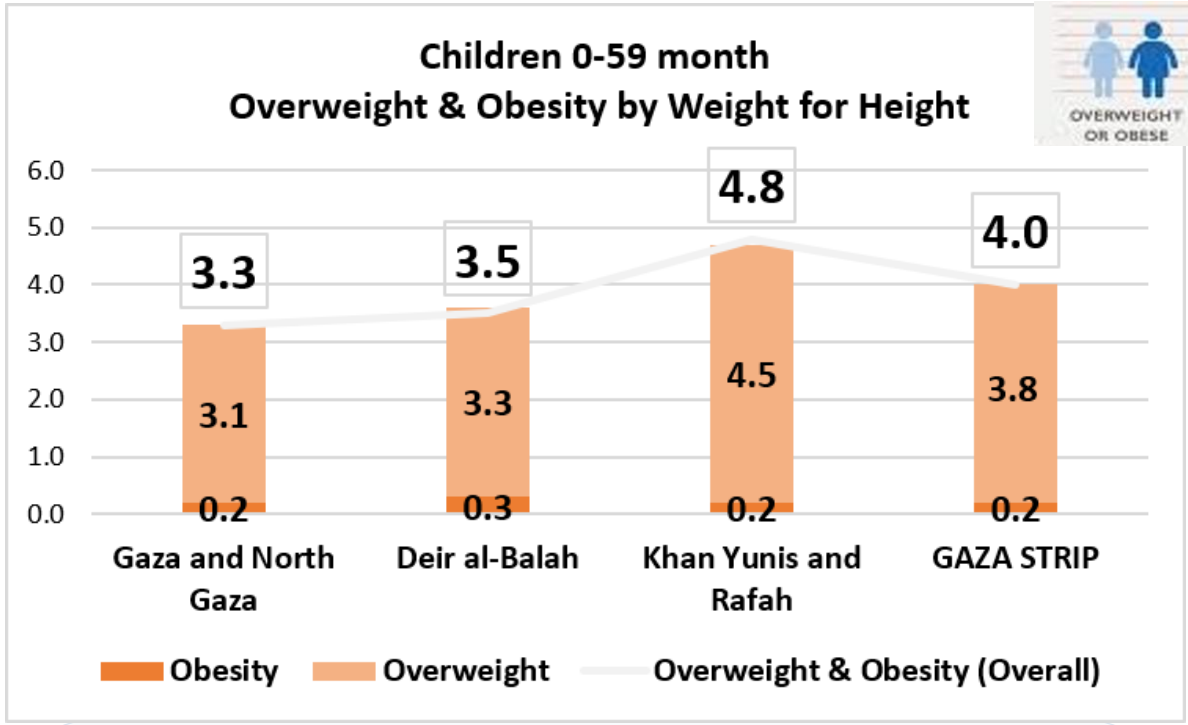
- Underweight remains present across all domains, reflecting both acute and chronic nutritional stress.
- Khan Younis/Rafah has the highest underweight prevalence at 4.1%, while Deir Al-Balah has the lowest at 3.5%.
- The Gaza Strip estimate is 3.9%, supporting the need for continued nutrition prevention and monitoring.

Chronic malnutrition and dual burden signals

Stunting is the key child nutrition concern.



Overweight indicates a dual burden.

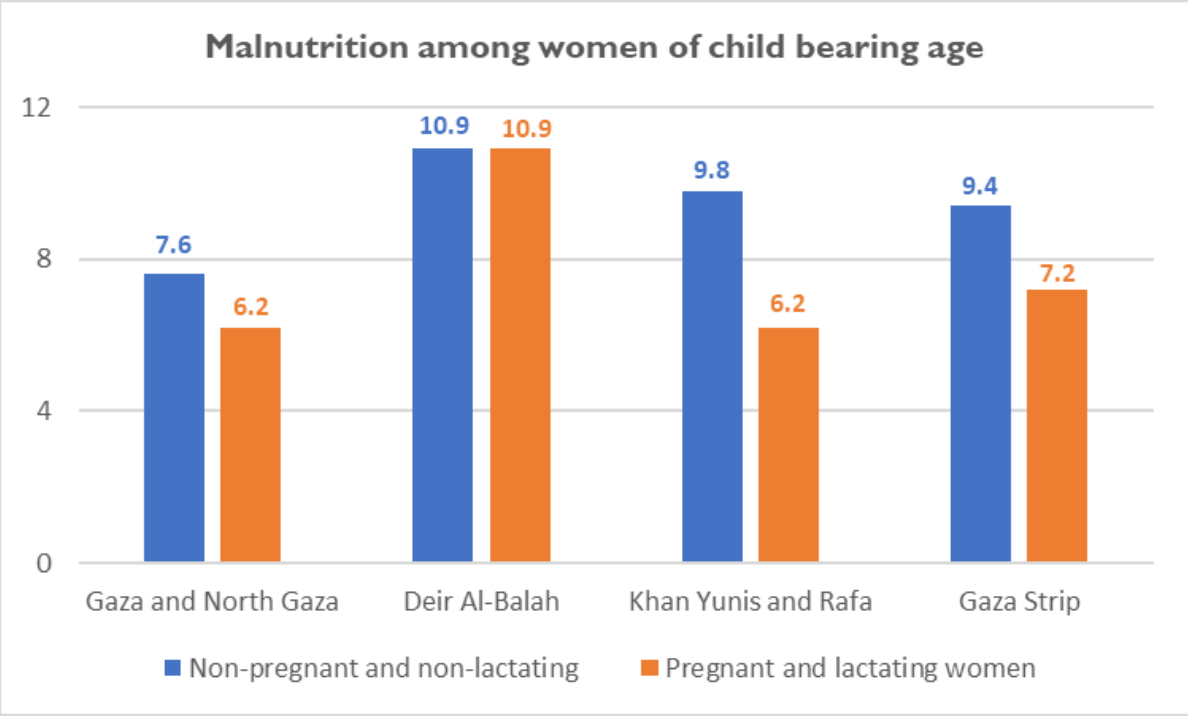


- Stunting is the main child nutrition concern, affecting around one in eight children in Gaza Strip.
- Gaza City/North shows the highest stunting prevalence at 13.5%, followed by Deir Al-Balah at 12.6%.
- This points to longer-term nutritional stress and repeated deprivation beyond immediate wasting.

- Overweight is also present, showing a dual burden of malnutrition in the population.
- Khan Younis/Rafah has the highest overweight prevalence at 4.8%.
- The coexistence of wasting, stunting and overweight highlights the importance of diet quality, not only food quantity.

Women's nutrition

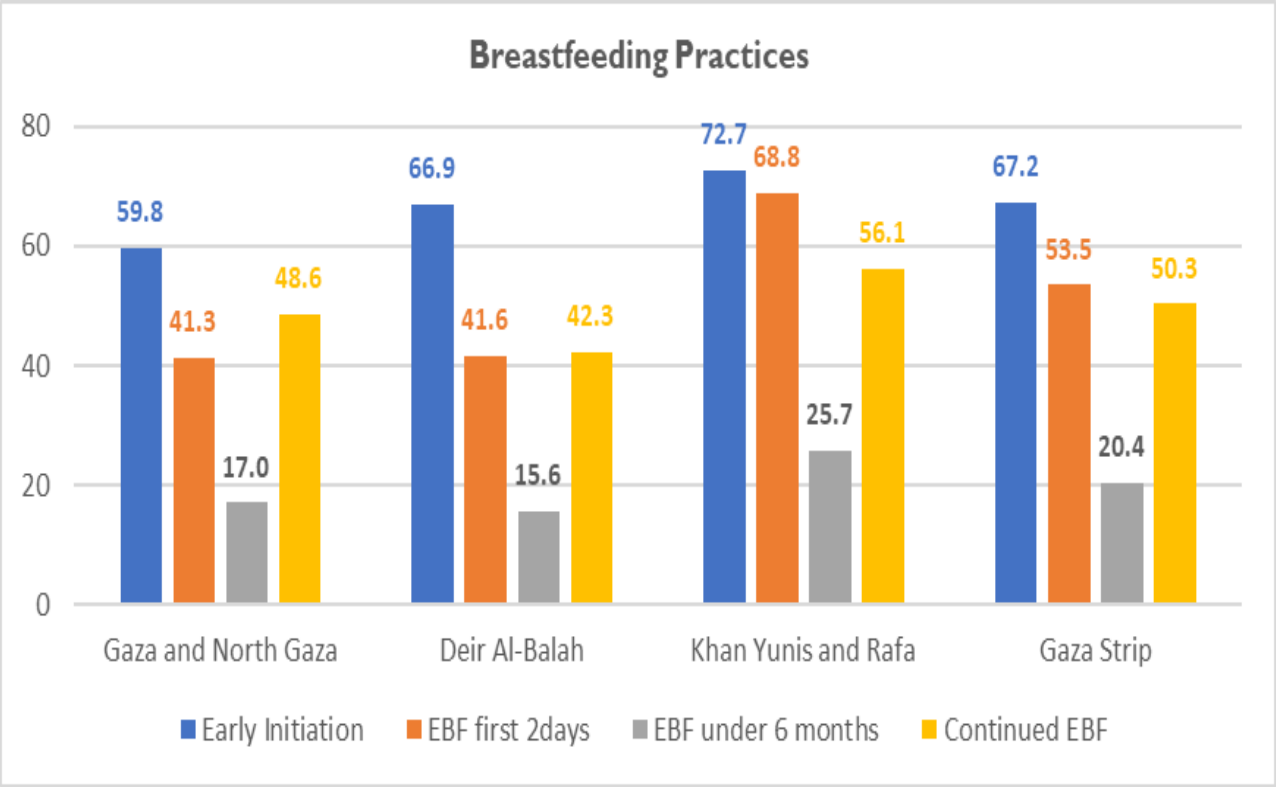
Women's malnutrition requires sustained attention.



- Women's malnutrition remains a concern, especially among non-pregnant/non-lactating women in Deir Al-Balah at 10.9%.
- Pregnant and lactating women also show nutritional vulnerability, with Gaza Strip at 7.2%.
- Maternal nutrition should remain a priority because it affects pregnancy outcomes, breastfeeding and child growth.

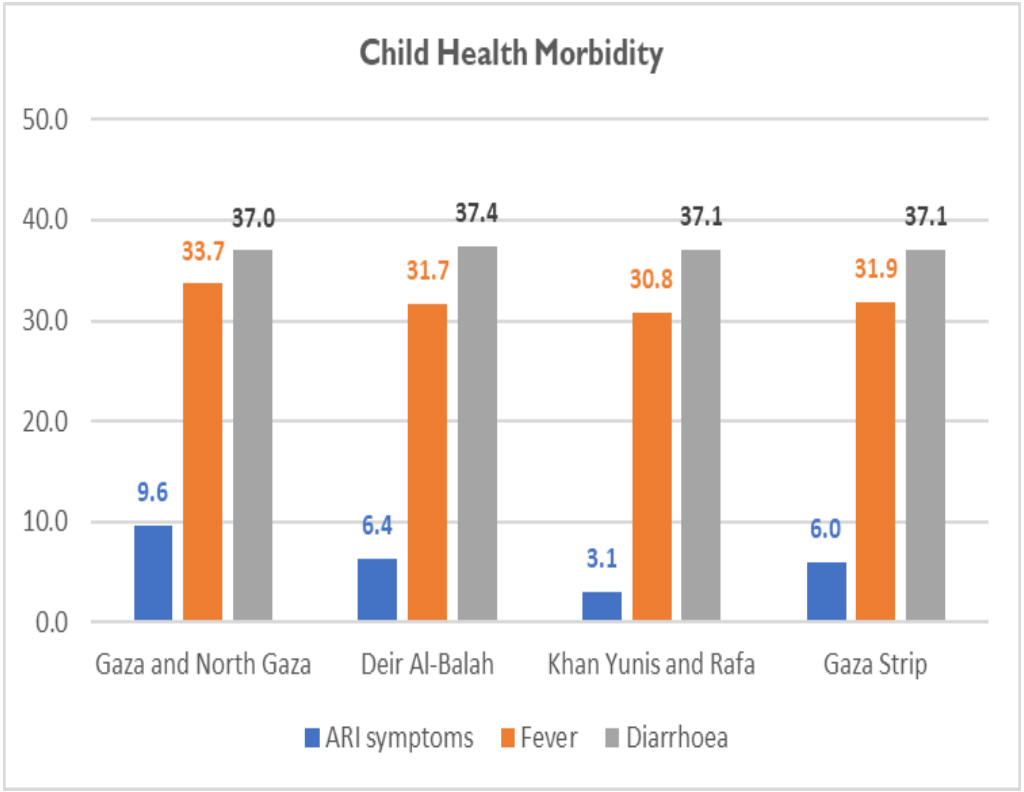
Breastfeeding practices and child morbidity

EBF remains low, especially under 6 months.



- Early initiation is moderate at Gaza Strip level (67.2%), with Khan Younis/Rafah performing best.
- Exclusive breastfeeding under 6 months remains low at 20.4% in Gaza Strip.
- Strengthening skilled IYCF counselling is critical, especially for mothers with infants under six months.

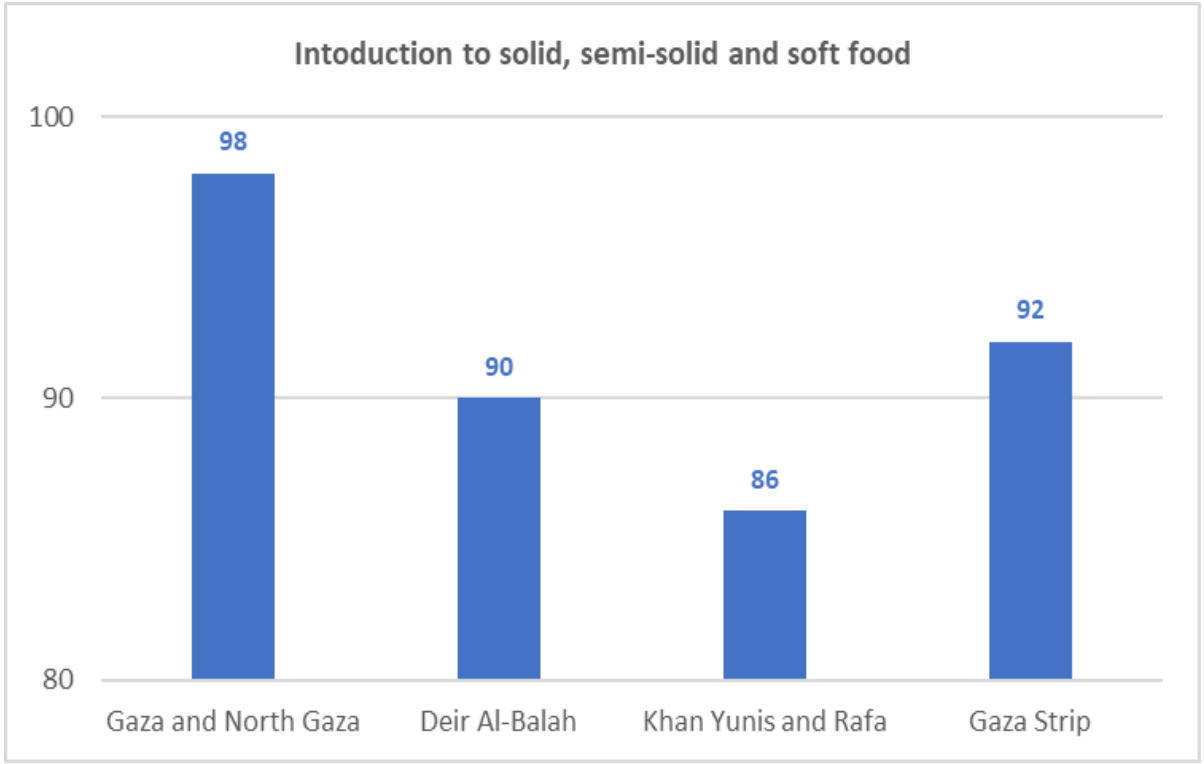
Diarrhoea and fever are substantial burdens.



- Diarrhoea is high and consistent across domains, with Gaza Strip at 37.1%.
- Fever affects nearly one-third of children, indicating a high burden of illness.
- Morbidity can quickly worsen nutritional status, making integrated health, WASH and nutrition response essential.

Timely complementary feeding

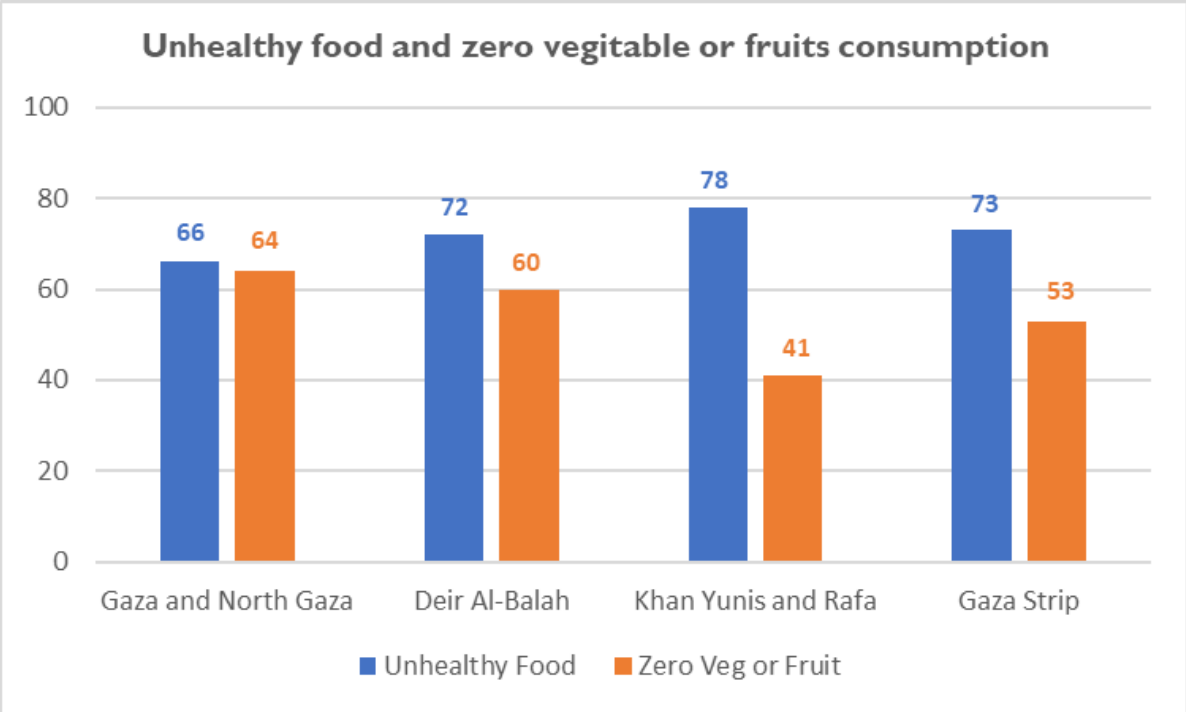
Food introduction is high, but quality matters.



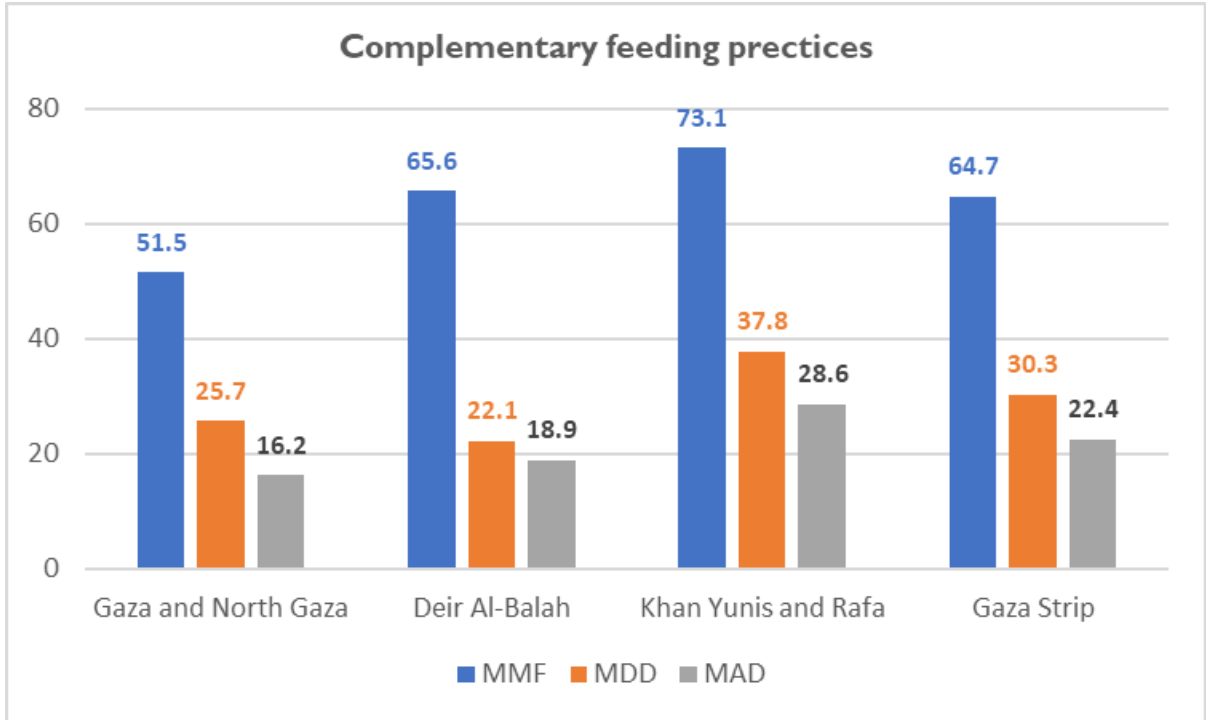
- Most children 6–8 months received timely introduction of complementary foods.
- Gaza Strip coverage is high at 92.1%, though Khan Younis/Rafah is comparatively lower at 86.4%.
- The next priority is not only introduction of foods, but ensuring quality, diversity and adequate frequency.

Child diet quality: high unhealthy foods, low acceptable diet

Poor diet quality is a major warning signal.



Minimum acceptable diet remains low.



- Unhealthy food consumption is high across domains, reaching 78.2% in Khan Younis/Rafah.
- Zero vegetable or fruit consumption remains high, especially in Gaza City/North at 64.0%.
- These findings highlight poor diet quality despite low acute malnutrition.

- Meal frequency is better than dietary diversity, but both remain below optimal levels.
- Minimum dietary diversity is only 30.3% at Gaza Strip level, indicating limited access to varied foods.
- Minimum acceptable diet is low at 22.4%, confirming poor overall feeding adequacy for young children.

1. breast milk; 2. grains, roots, tubers and plantains; 3. pulses (beans, peas, lentils), nuts and seeds; 4. dairy products (milk, infant formula, yogurt, cheese); 5. flesh foods (meat, fish, poultry, organ meats); 6. eggs; 7. vitamin-A rich fruits and vegetables; and 8. other fruits and vegetables.

Key Messages and Priority Actions

KEY MESSAGES

1. Acute malnutrition remains low, but nutritional vulnerability remains high.
2. Stunting remains the leading child nutrition concern, affecting about 1 in 8 children.
3. Child morbidity is high, especially diarrhea and fever, increasing nutrition risks.
4. Diet quality is poor, with low MDD/MAD and high unhealthy food consumption.
5. Women's malnutrition remains a concern and should remain central to the response.
6. Nutrition gains remain fragile and depend on sustained food, health, WASH, and nutrition support.

PRIORITY ACTIONS

1. **IMMEDIATE:** Sustain life-saving nutrition interventions, including early detection, treatment of acute malnutrition, micronutrient supplementation, and routine nutrition screening.
2. **RECOVERY:** Scale up maternal nutrition, breastfeeding, and complementary feeding interventions to improve diet quality during the first 1,000 days.
3. **RESILIENCE:** Strengthen multi-sectoral systems to build resilience, safeguard nutrition gains, and improve long-term outcomes for women and children.

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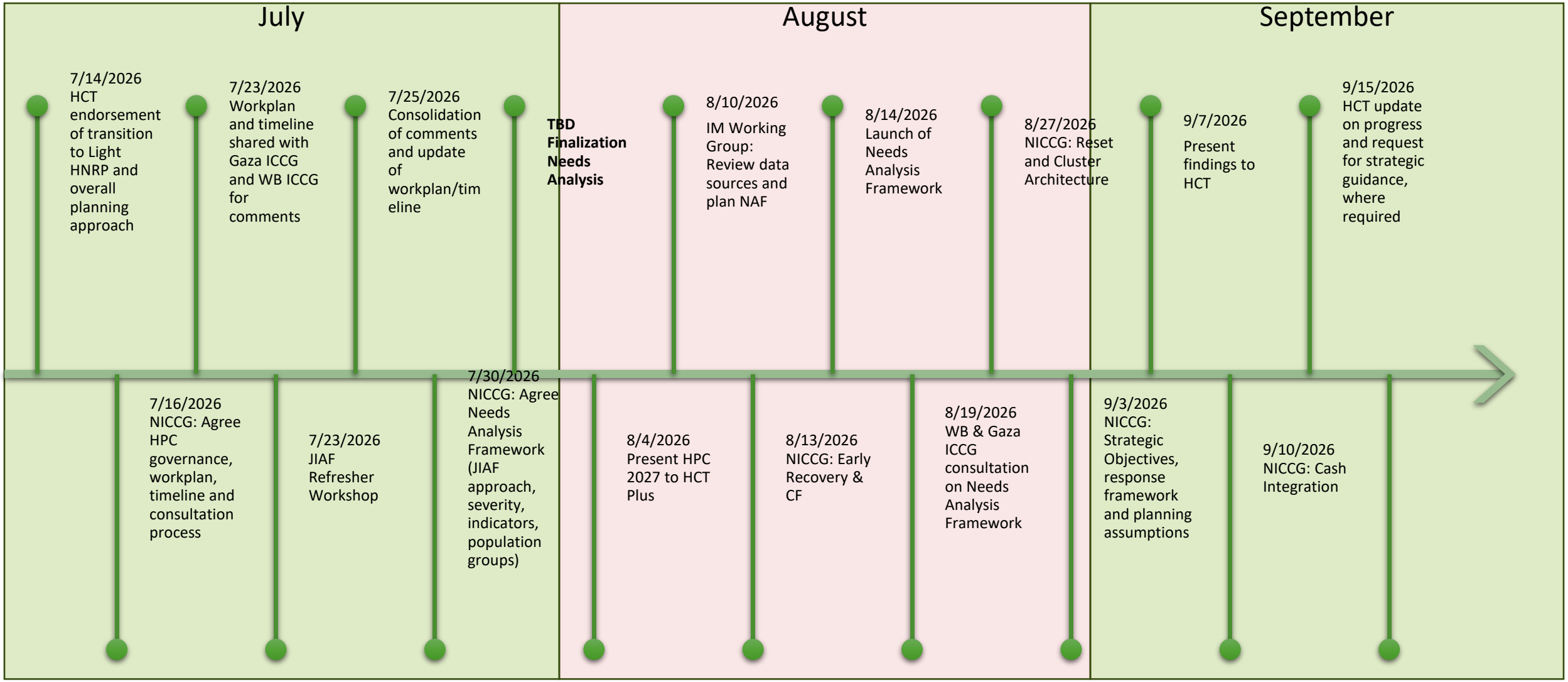
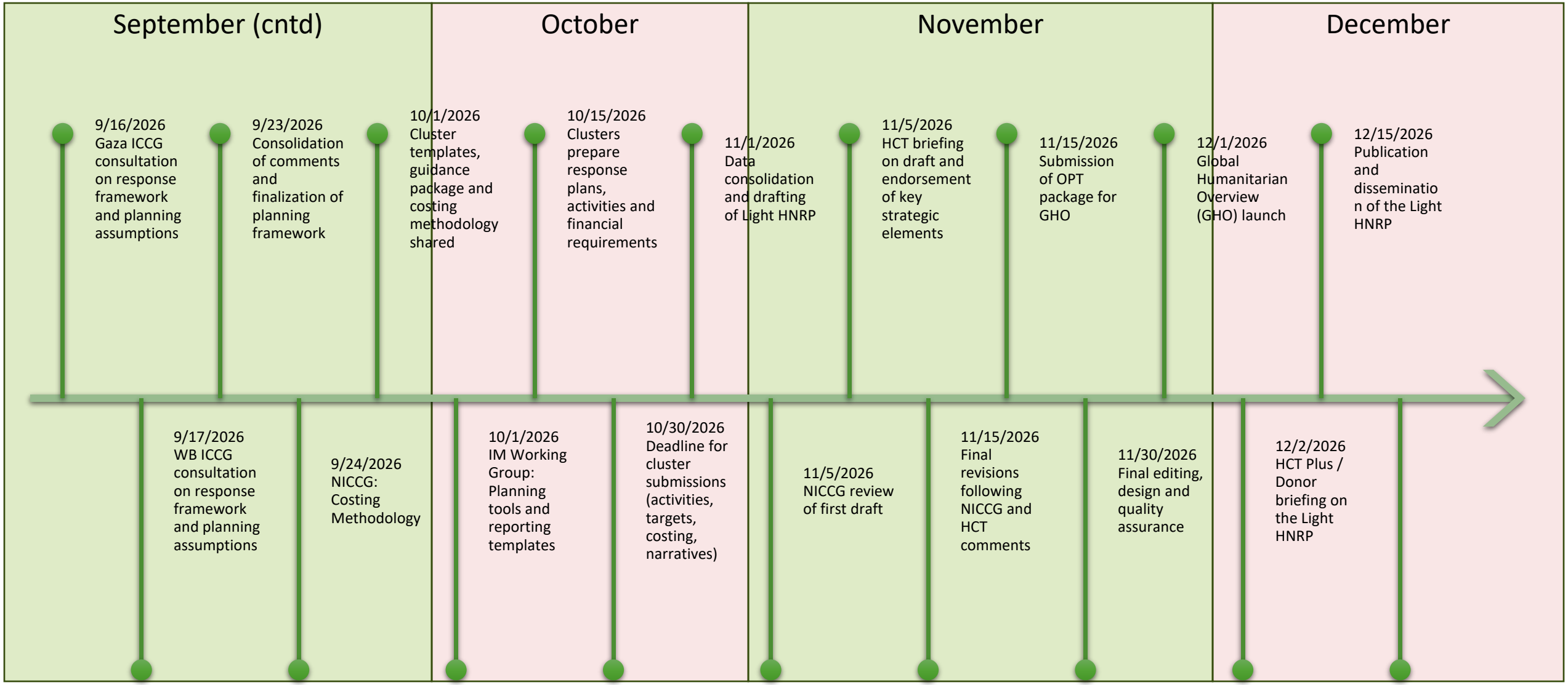
Strategic reflections based on SMART survey

HPC 2027 Timeline


July
August
September
7/14/2026 HCT endorsement of transition to Light HNRP and overall planning approach
7/16/2026 NICCG: Agree HPC governance, workplan, timeline and consultation process
7/23/2026 Workplan and timeline shared with Gaza ICCG and WB ICCG for comments
7/23/2026 JIAF Refresher Workshop
7/25/2026 Consolidation of comments and update of workplan/timeline
7/30/2026 NICCG: Agree Needs Analysis Framework (JIAF approach, severity, indicators, population groups)
TBD Finalization Needs Analysis
8/4/2026 Present HPC 2027 to HCT Plus
8/10/2026 IM Working Group: Review data sources and plan NAF
8/13/2026 NICCG: Early Recovery & CF
8/14/2026 Launch of Needs Analysis Framework
8/19/2026 WB & Gaza ICCG consultation on Needs Analysis Framework
8/27/2026 NICCG: Reset and Cluster Architecture
9/3/2026 NICCG: Strategic Objectives, response framework and planning assumptions
9/7/2026 Present findings to HCT
9/10/2026 NICCG: Cash Integration
9/15/2026 HCT update on progress and request for strategic guidance, where required

HPC 2027 Timeline (cntd)


September (cntd)
October
November
December
9/16/2026 Gaza ICCG consultation on response framework and planning assumptions
9/17/2026 WB ICCG consultation on response framework and planning assumptions
9/23/2026 Consolidation of comments and finalization of planning framework
9/24/2026 NICCG: Costing Methodology
10/1/2026 Cluster templates, guidance package and costing methodology shared
10/1/2026 IM Working Group: Planning tools and reporting templates
10/15/2026 Clusters prepare response plans, activities and financial requirements
10/30/2026 Deadline for cluster submissions (activities, targets, costing, narratives)
11/1/2026 Data consolidation and drafting of Light HNRP
11/5/2026 NICCG review of first draft
11/5/2026 HCT briefing on draft and endorsement of key strategic elements
11/15/2026 Final revisions following NICCG and HCT comments
11/15/2026 Submission of OPT package for GHO
11/30/2026 Final editing, design and quality assurance
12/1/2026 Global Humanitarian Overview (GHO) launch
12/2/2026 HCT Plus / Donor briefing on the Light HNRP
12/15/2026 Publication and dissemination of the Light HNRP

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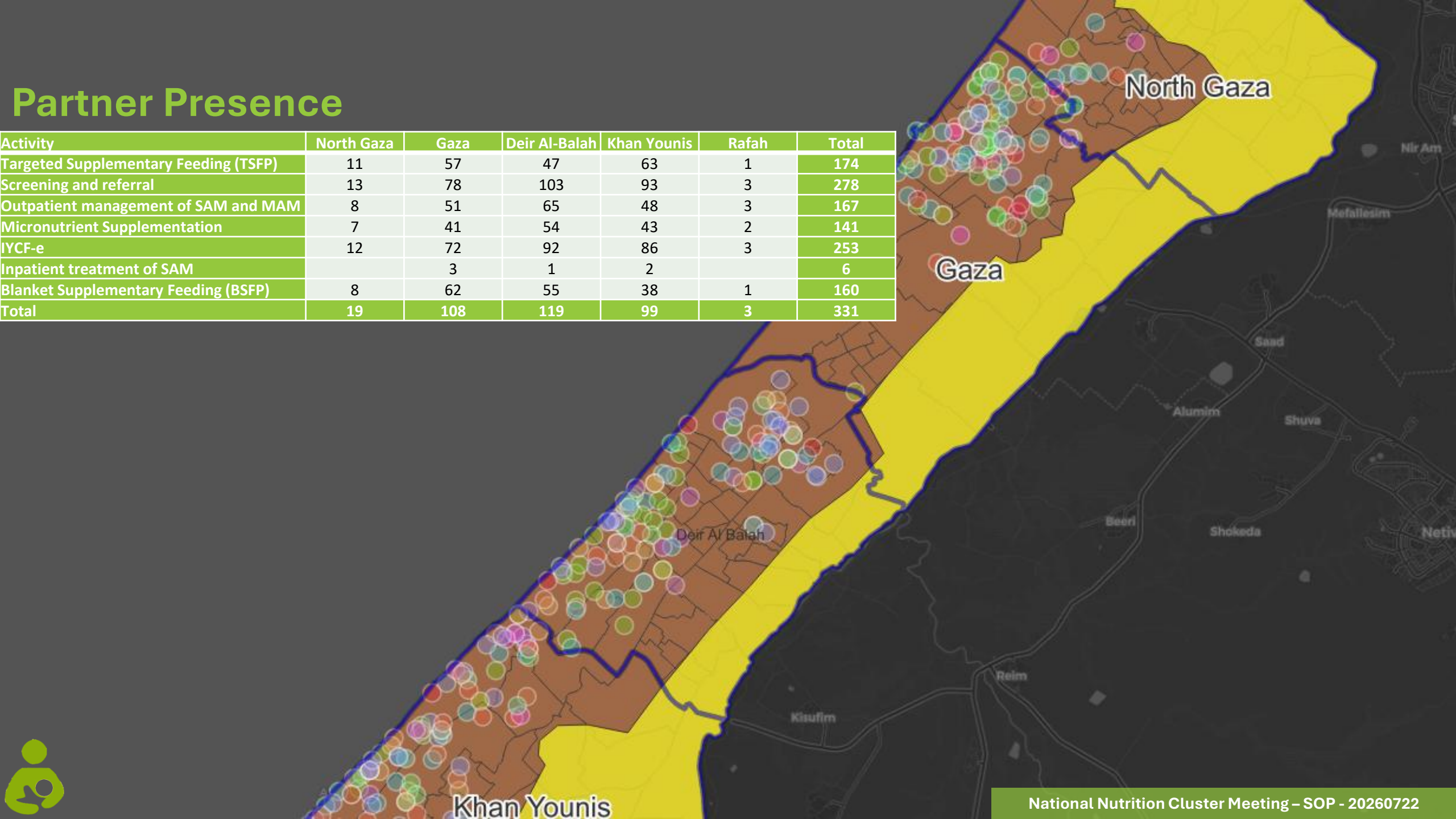
Midyear Cluster Routine Data Update

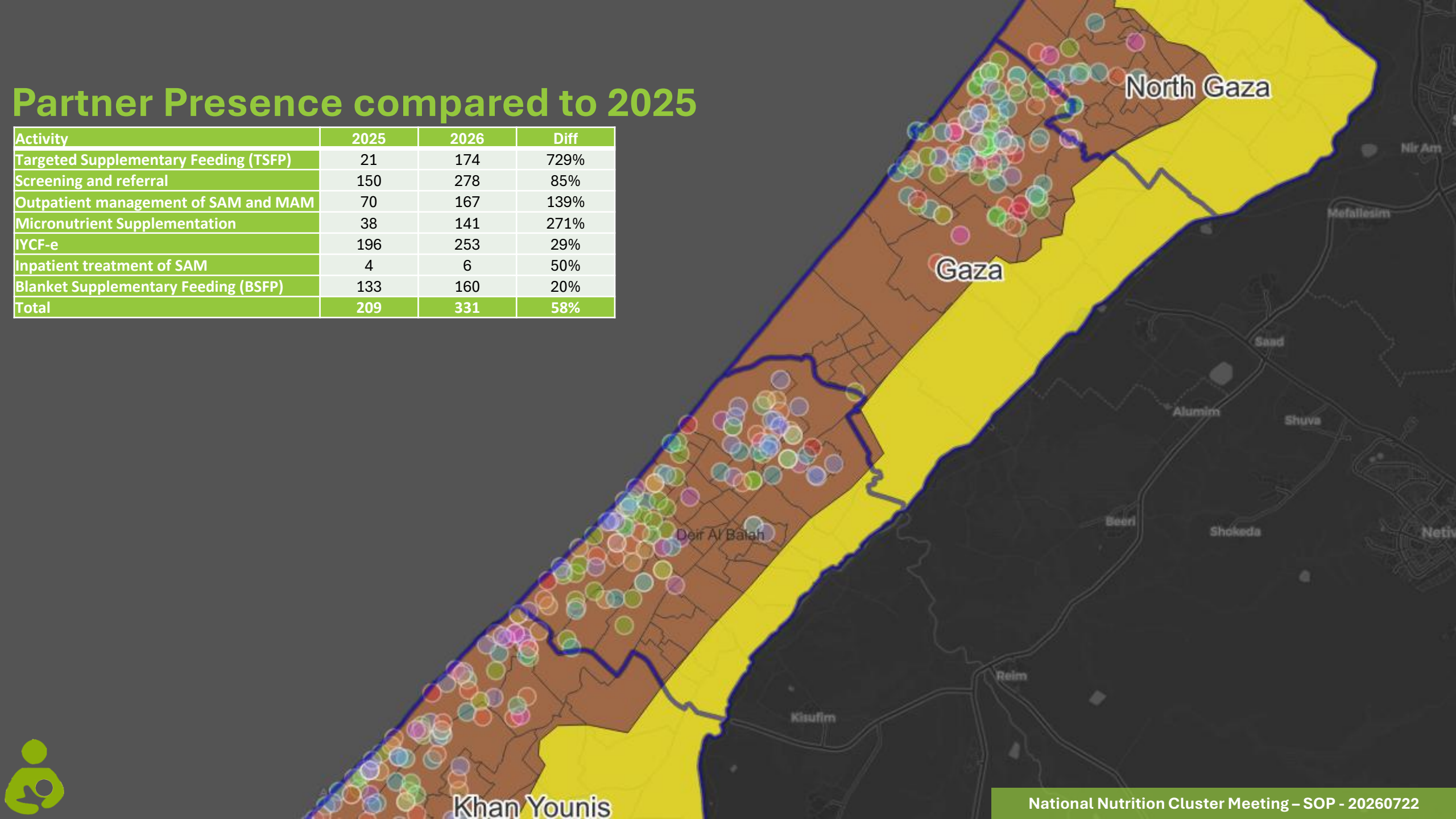
Partner Presence

Activity	North Gaza	Gaza	Deir Al-Balah	Khan Younis	Rafah	Total
Targeted Supplementary Feeding (TSFP)	11	57	47	63	1	174
Screening and referral	13	78	103	93	3	278
Outpatient management of SAM and MAM	8	51	65	48	3	167
Micronutrient Supplementation	7	41	54	43	2	141
IYCF-e	12	72	92	86	3	253
Inpatient treatment of SAM		3	1	2		6
Blanket Supplementary Feeding (BSFP)	8	62	55	38	1	160
Total	19	108	119	99	3	331

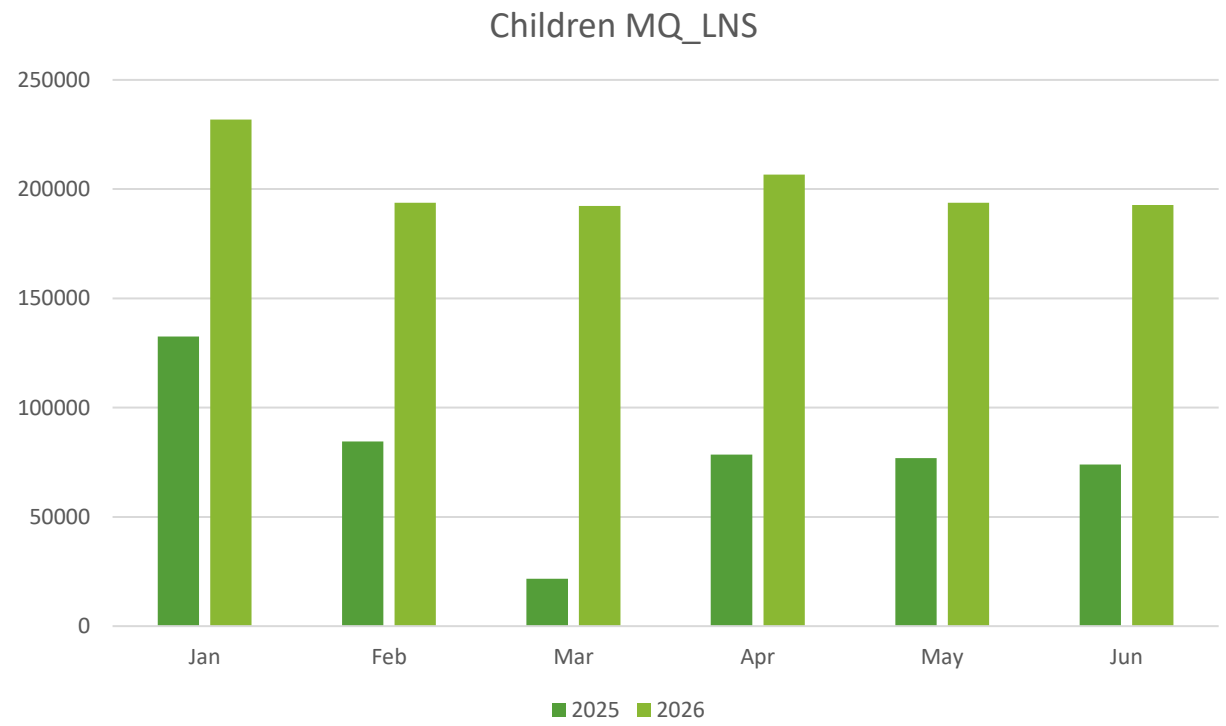


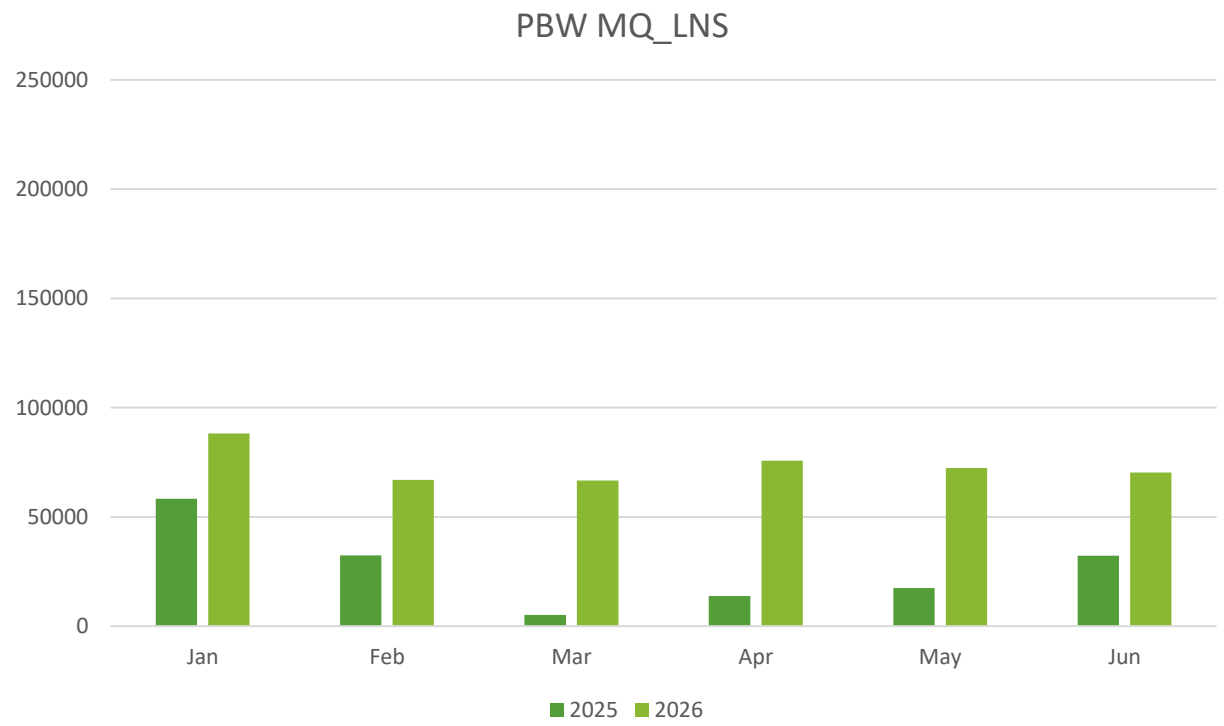
Partner Presence compared to 2025

Activity	2025	2026	Diff
Targeted Supplementary Feeding (TSFP)	21	174	729%
Screening and referral	150	278	85%
Outpatient management of SAM and MAM	70	167	139%
Micronutrient Supplementation	38	141	271%
IYCF-e	196	253	29%
Inpatient treatment of SAM	4	6	50%
Blanket Supplementary Feeding (BSFP)	133	160	20%
Total	**209**	**331**	**58%**



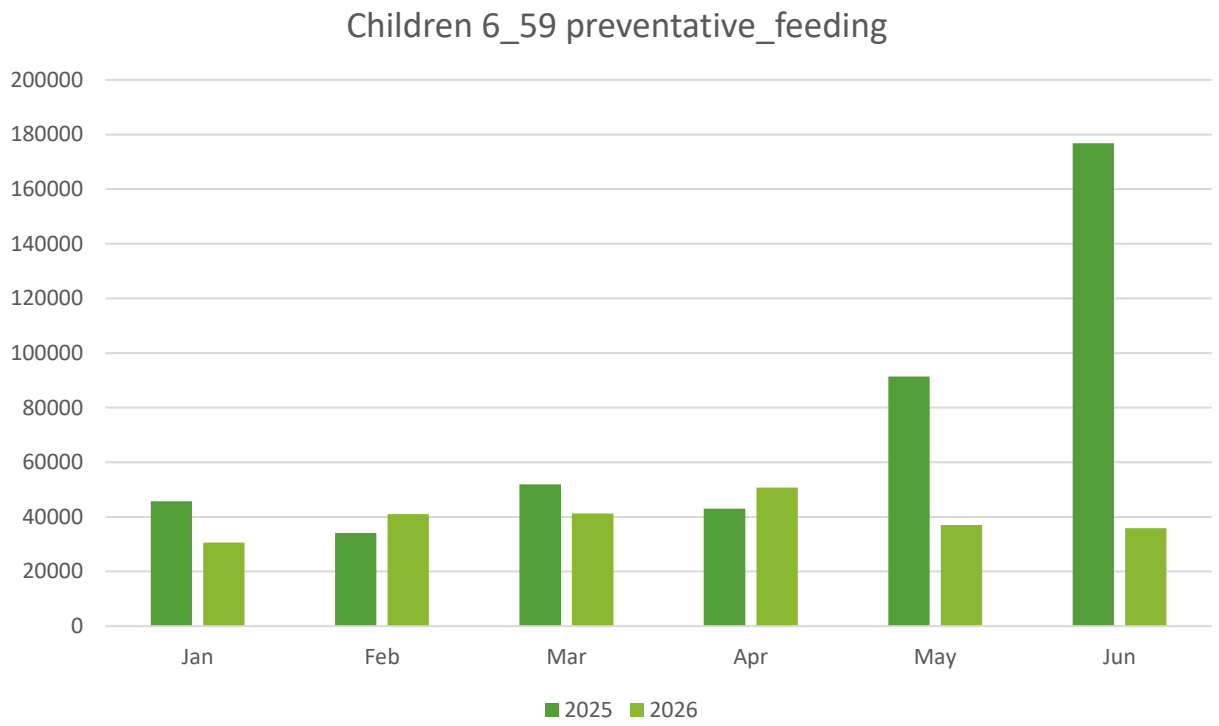
MQ LNS* Distribution compared to 2025

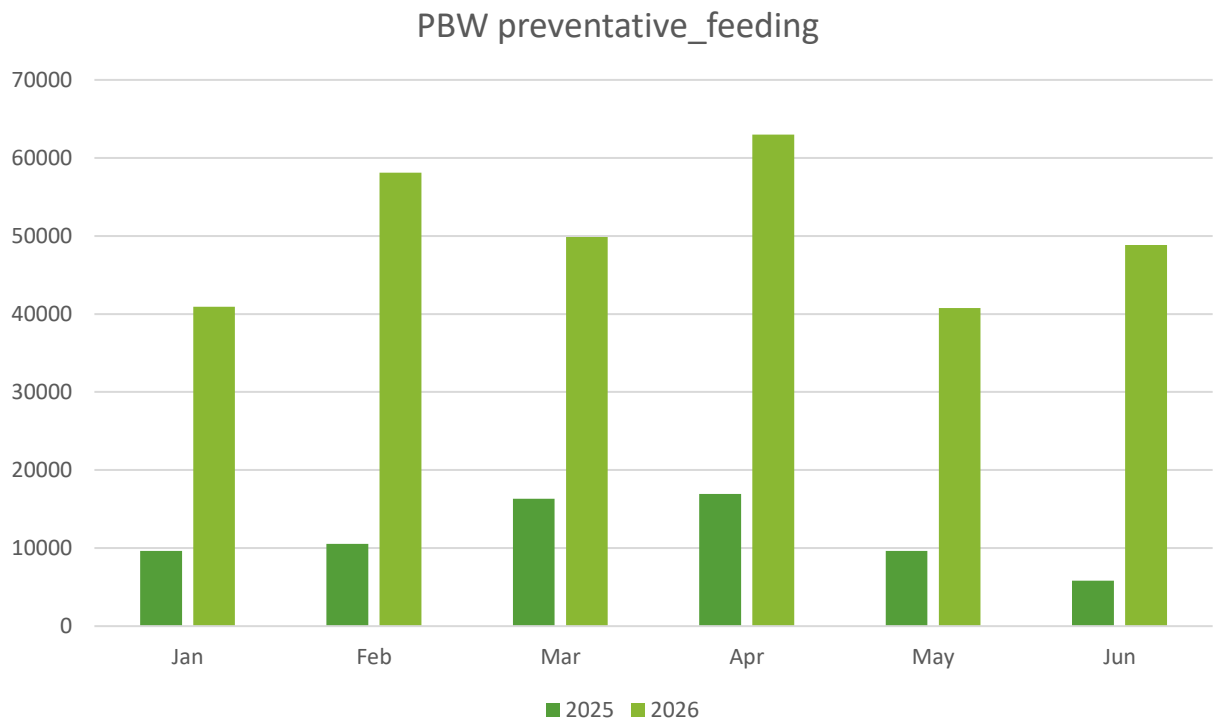




*Medium Quantity Lipid-Based Nutrient Supplements

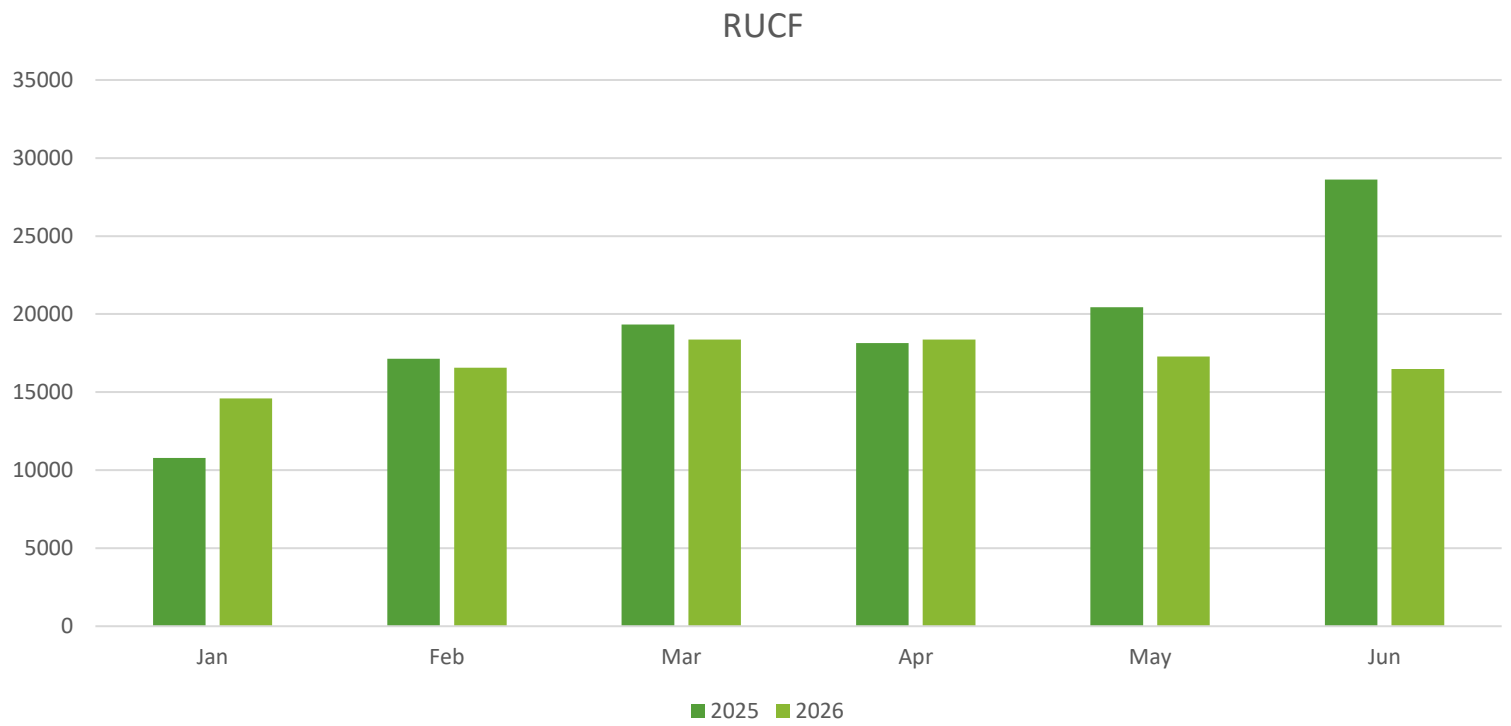
Preventative feeding compared to 2025



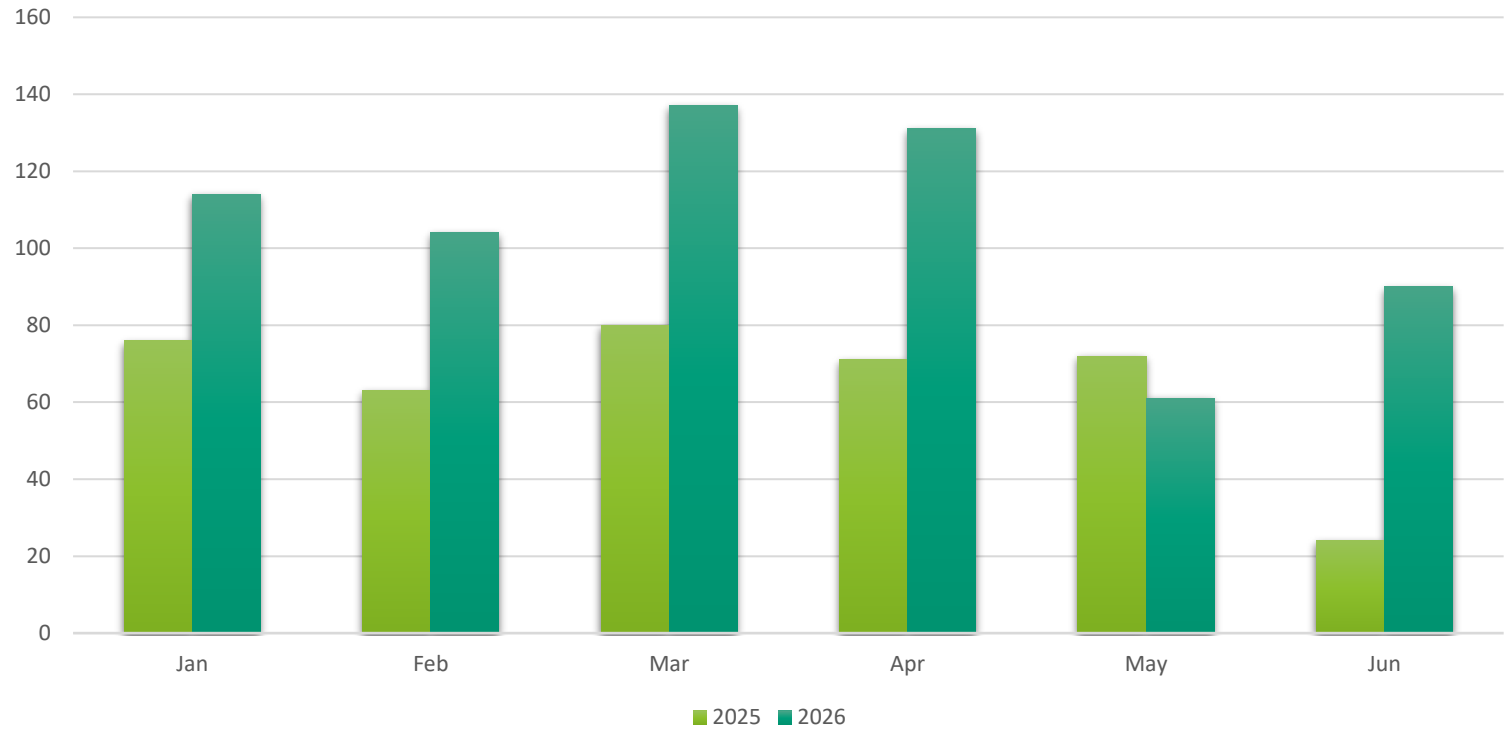


- Preventative feeding includes SQ-LNS (Small-Quantity Lipid-Based Nutrient Supplements), HEB (High Energy Biscuits), and/or Super Cereal

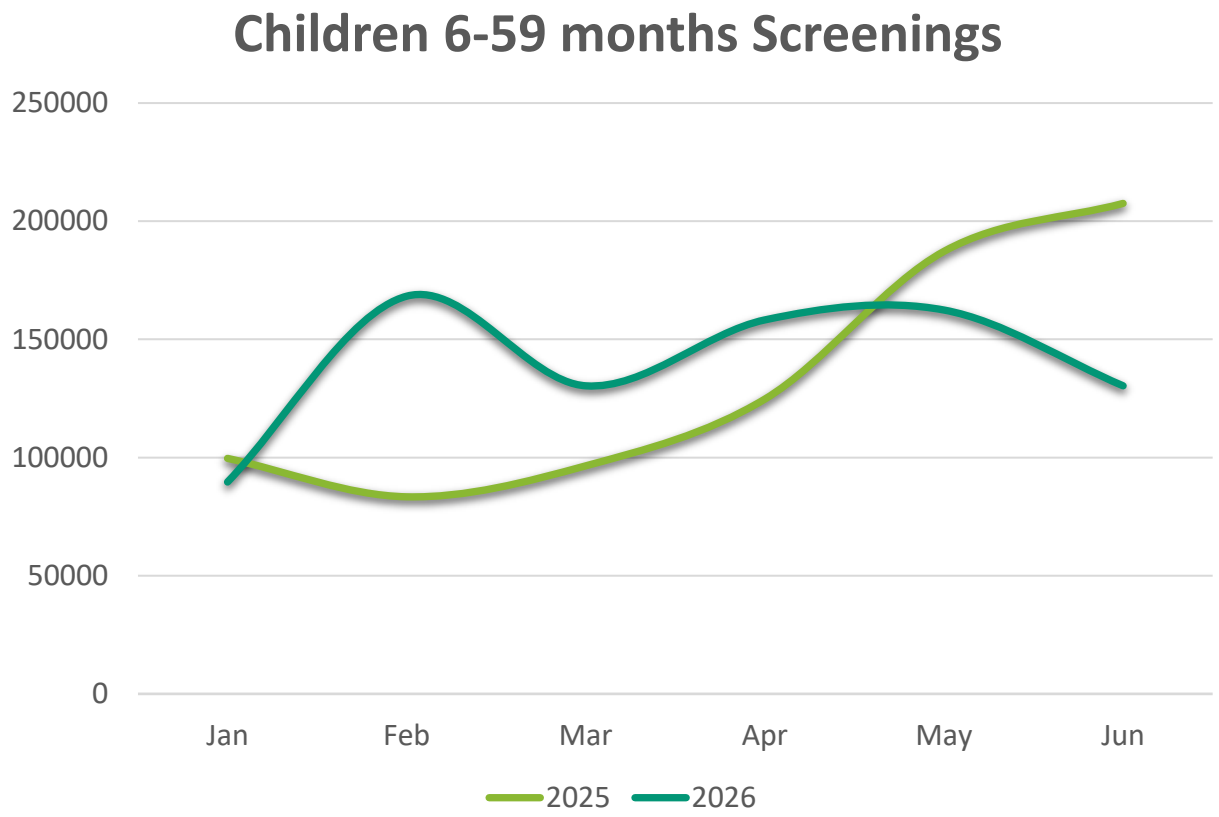
6- 23 months who received RUCF (Ready to use complementary food) compared to 2025

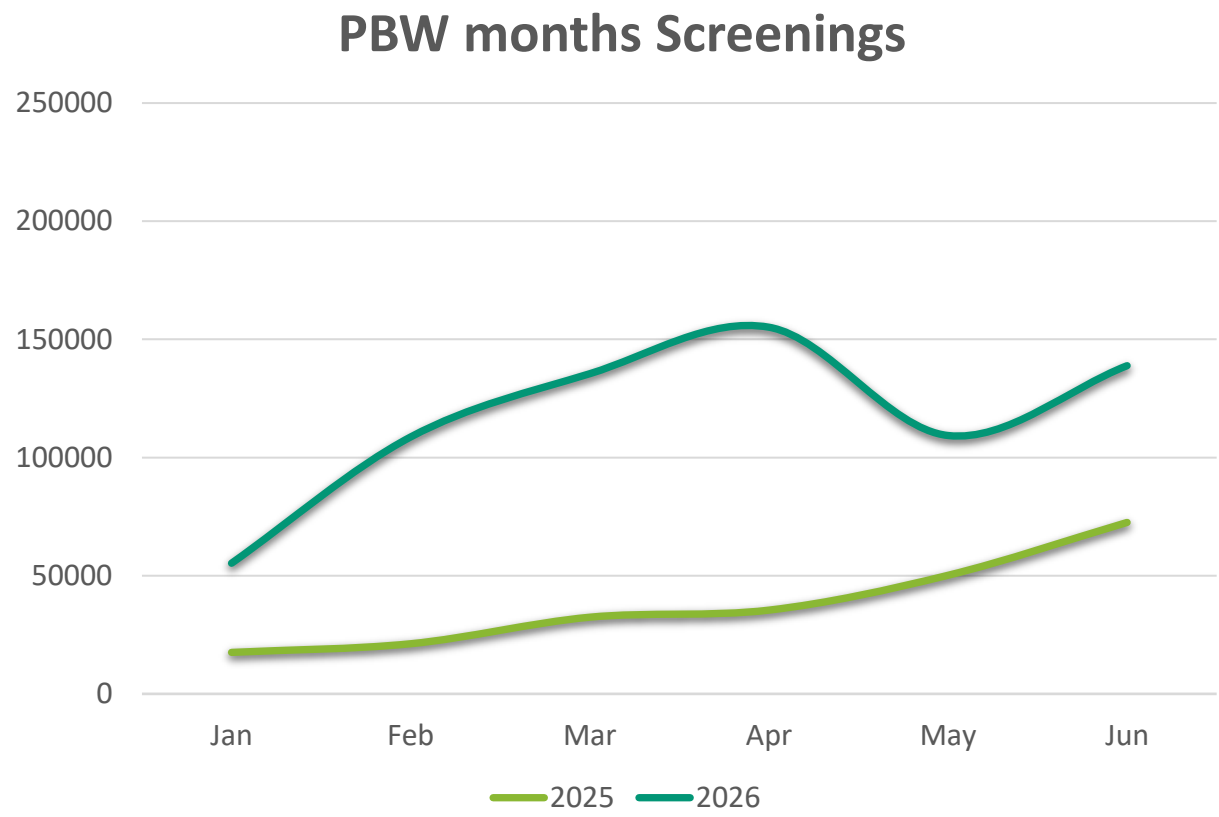


Number of mothers who restarted breastfeeding



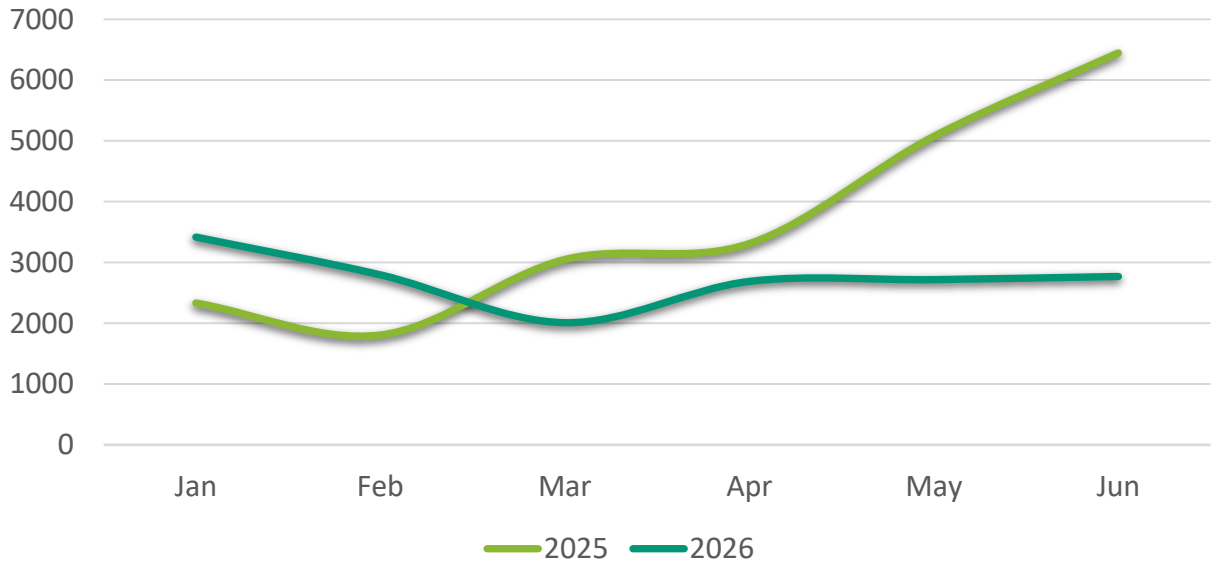
Screenings compared to 2025



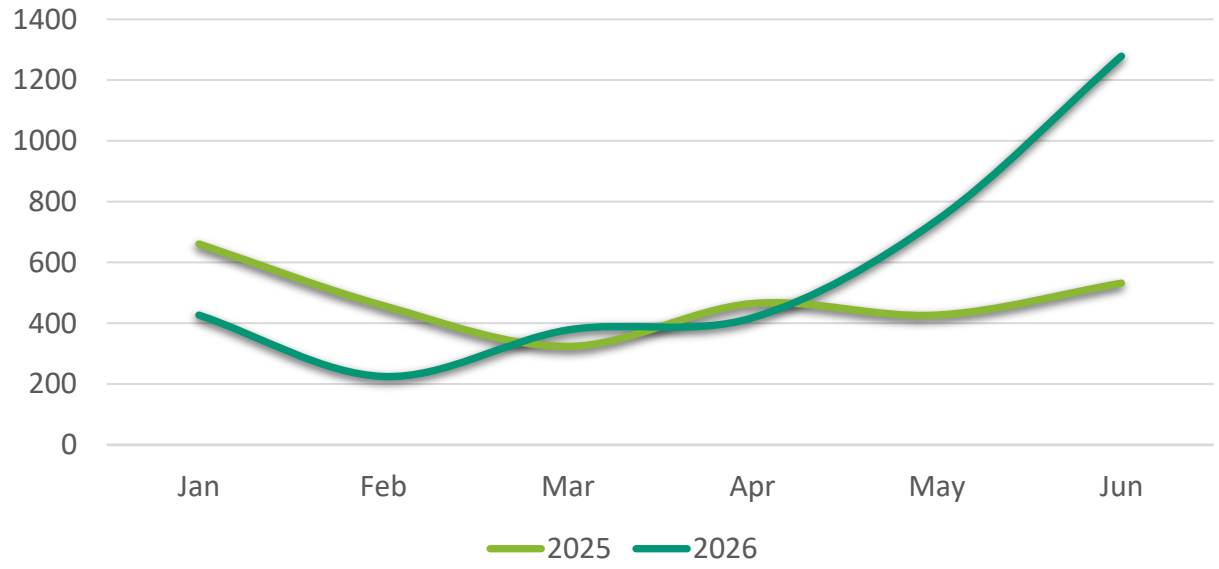


Admissions compared to 2025

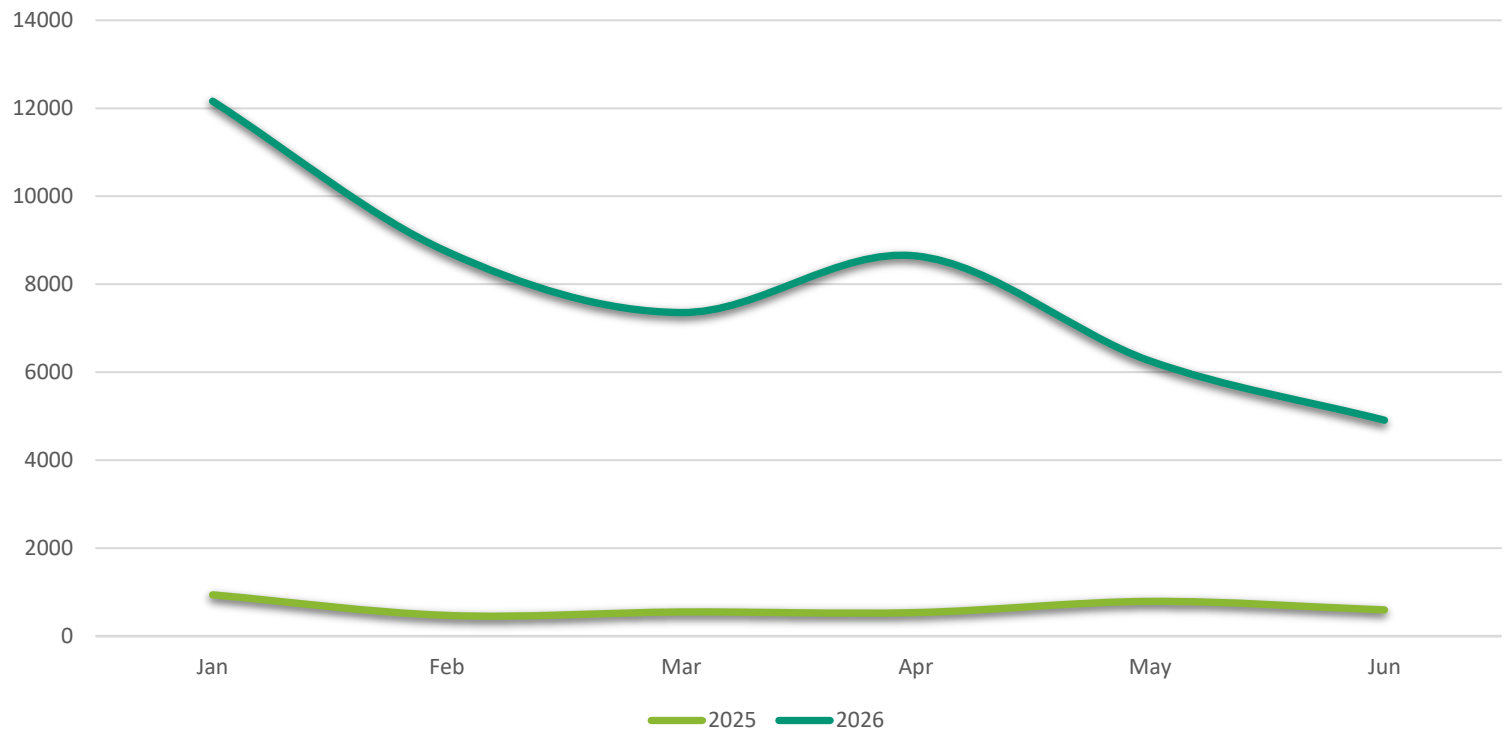
Chiuldren 6-59 months admitted to MAM treatment



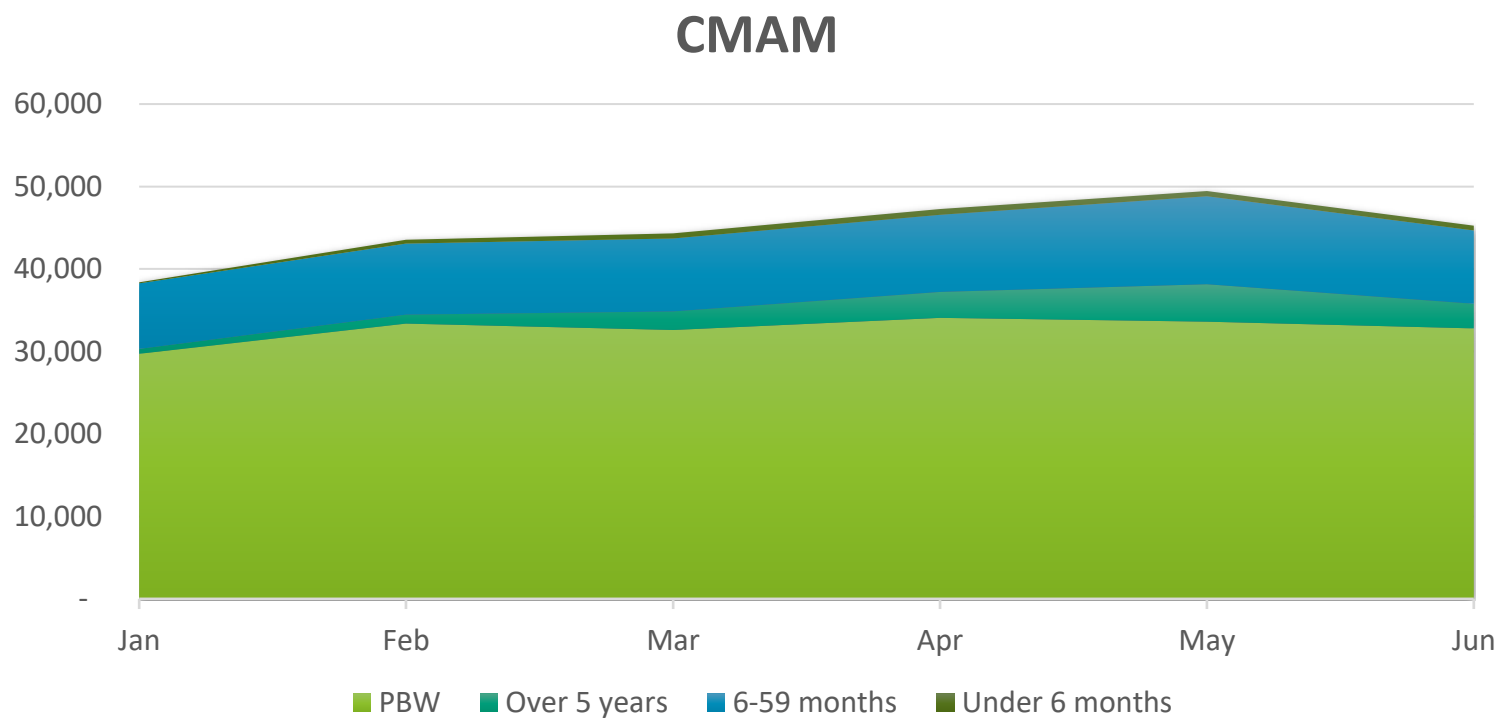
Chiuldren 6-59 months admitted to SAM treatment



PBW admissions to malnutrition treatment compared to 2025

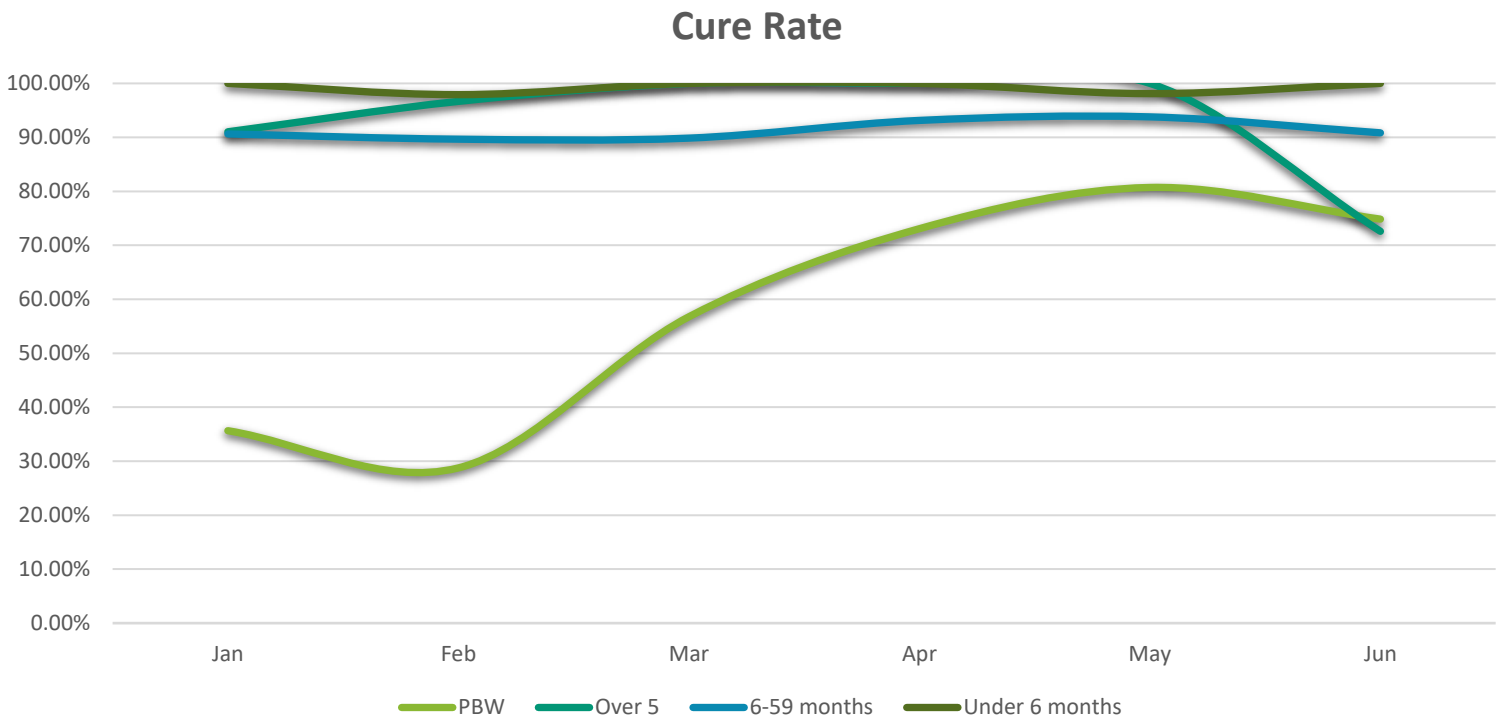


Burden of CMAM Treatment

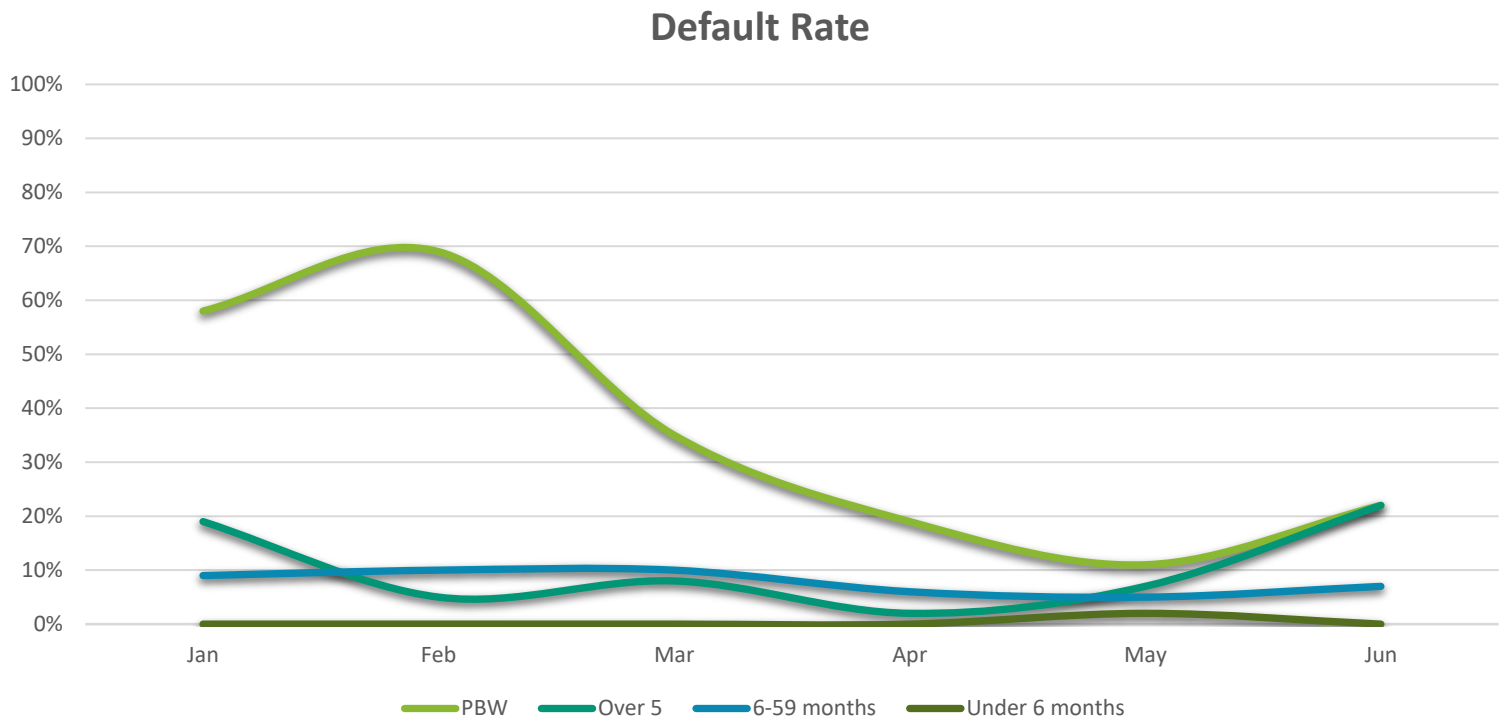


- Burden includes all those in treatment that month, including new admissions and previous cases still in treatment.

% in CMAM treatment discharged as “cured” by month

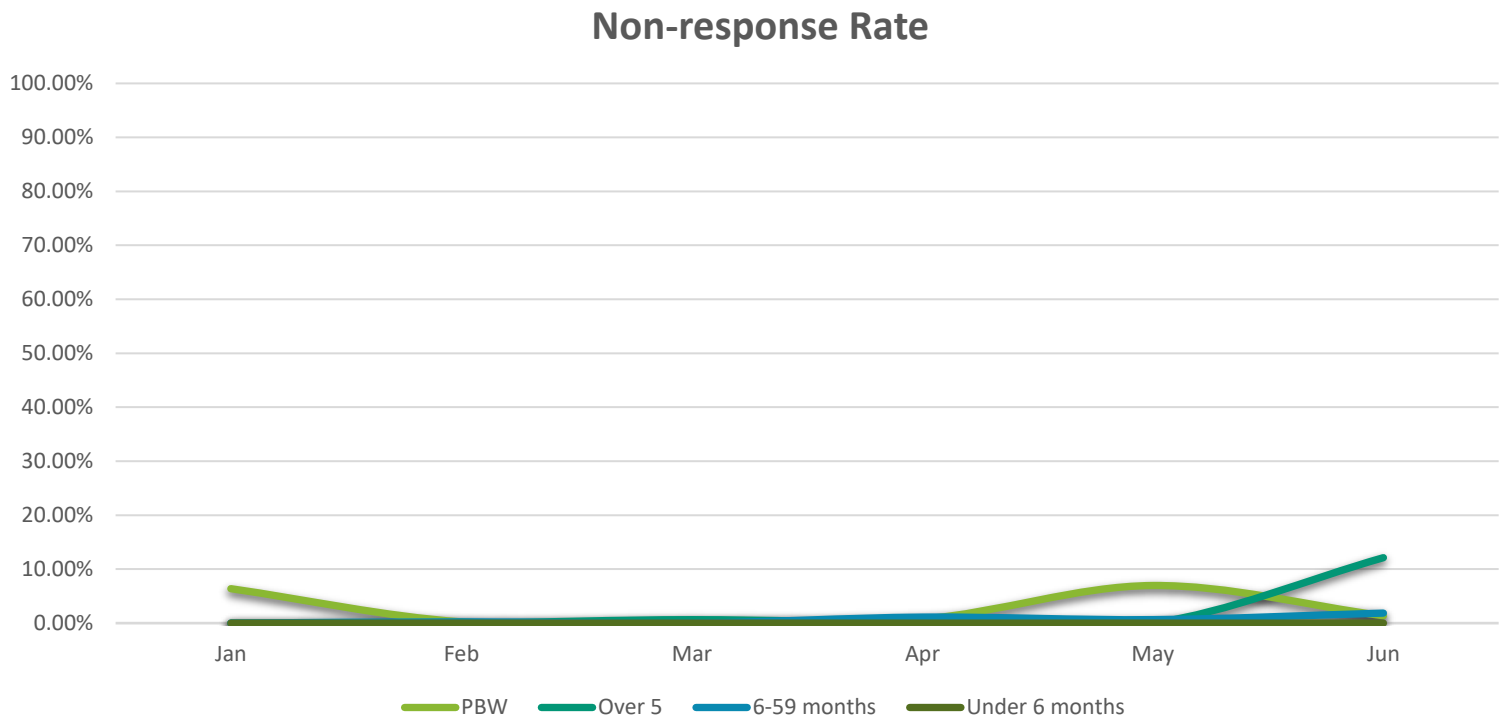


% in CMAM treatment discharged as “defaulted” by month



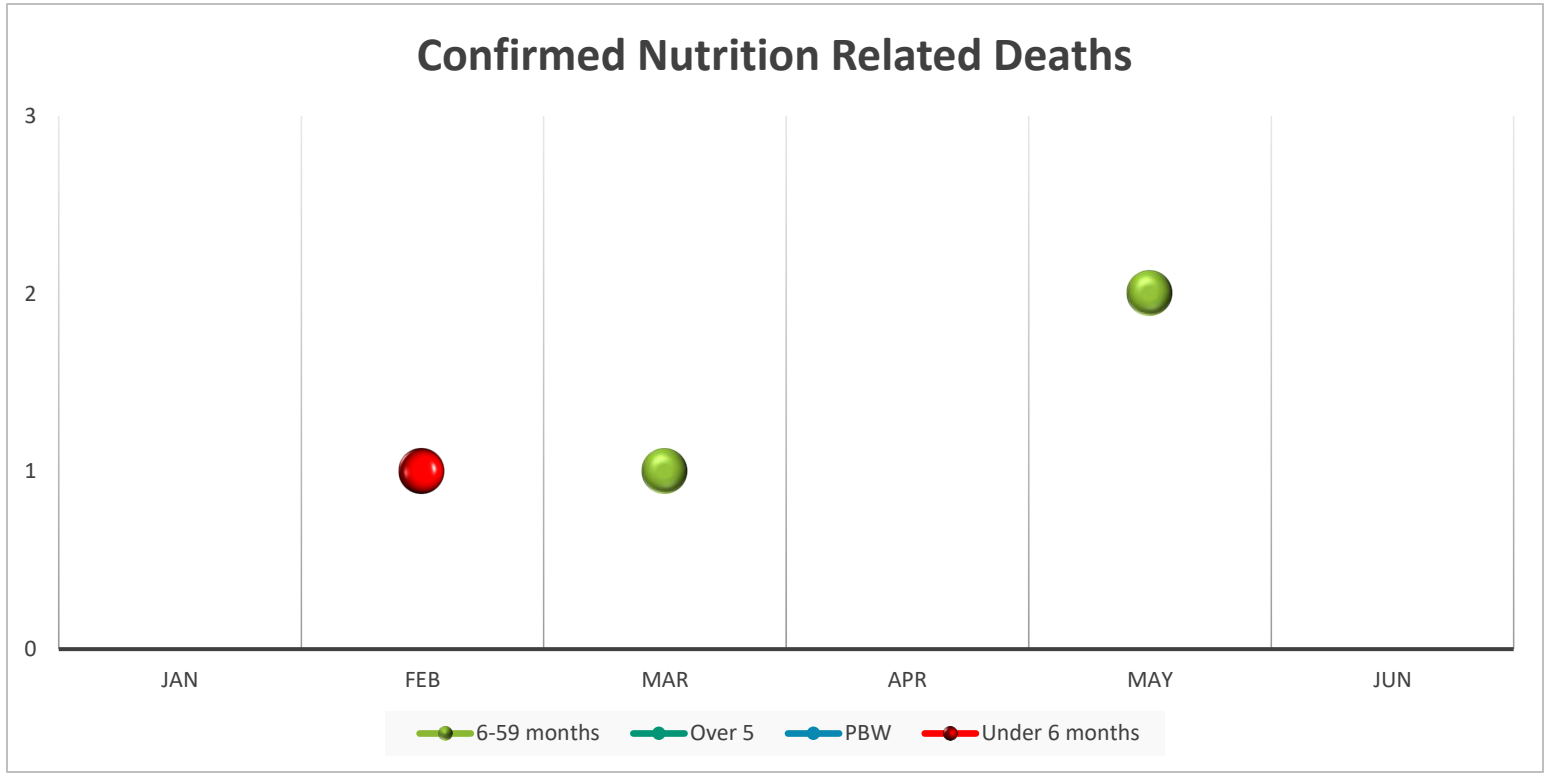
- Defaulting in this context indicates that the beneficiary did not show up to treatment or respond to communication attempts after at least two sessions.

% in CMAM treatment discharged as “non-respondent” by month



- Non-response in this context indicates that the beneficiary did not respond to treatment after a preset length of time and was discharged

Confirmed deaths during treatment by age group



- Deaths that are labeled as internal include any death resulting from disease with malnutrition being labeled as the primary or secondary cause, external deaths (such as those due to trauma, accidents, suicides, etc..) are not shown
- Deaths are confirmed by the CMAM implementing partner prior to being shown in any information stream

Findings

- **Coverage and capacity**
  - Nutrition partner presence has expanded substantially compared with 2025 across almost every intervention.
  - TSFP has experienced the largest expansion (21 → 174 sites), while outpatient treatment capacity has more than doubled.
  - IYCF-E continues to have the broadest preventive footprint.
- **Preventive services**
  - MQ-LNS distributions for both children and PBW remain consistently higher than during the same period in 2025.
  - Preventative feeding among pregnant and breastfeeding women has increased markedly
  - RUCF distributions have remained broadly stable compared with last year.
  - Breastfeeding restart support continues to reach more mothers than in 2025.
- **Screening**
  - Screening volumes remain substantially higher for pregnant and breastfeeding women than in 2025.
  - Child screening remains high despite month-to-month fluctuations.
  - Large-scale screening continues to provide strong surveillance coverage.
- **Treatment**
  - Child MAM admissions remain below 2025 despite sustained screening.
  - Child SAM admissions have increased noticeably during May and June.
  - PBW admissions remain substantially above 2025, although they have declined steadily since January.
  - CMAM caseload remains high, particularly among pregnant and breastfeeding women.
- **Programme performance**
  - Cure rates for children consistently exceed standards.
  - PBW cure rates have improved considerably since the beginning of the year.
  - Default rates among PBW have fallen dramatically over time.
  - Non-response remains low across all treatment groups.
- **Mortality**
  - Very few confirmed nutrition-related deaths have been reported during treatment, suggesting that treatment outcomes remain generally favorable among beneficiaries.

Dashboard

State of Palestine
Nutrition
Cluster

West Bank Update

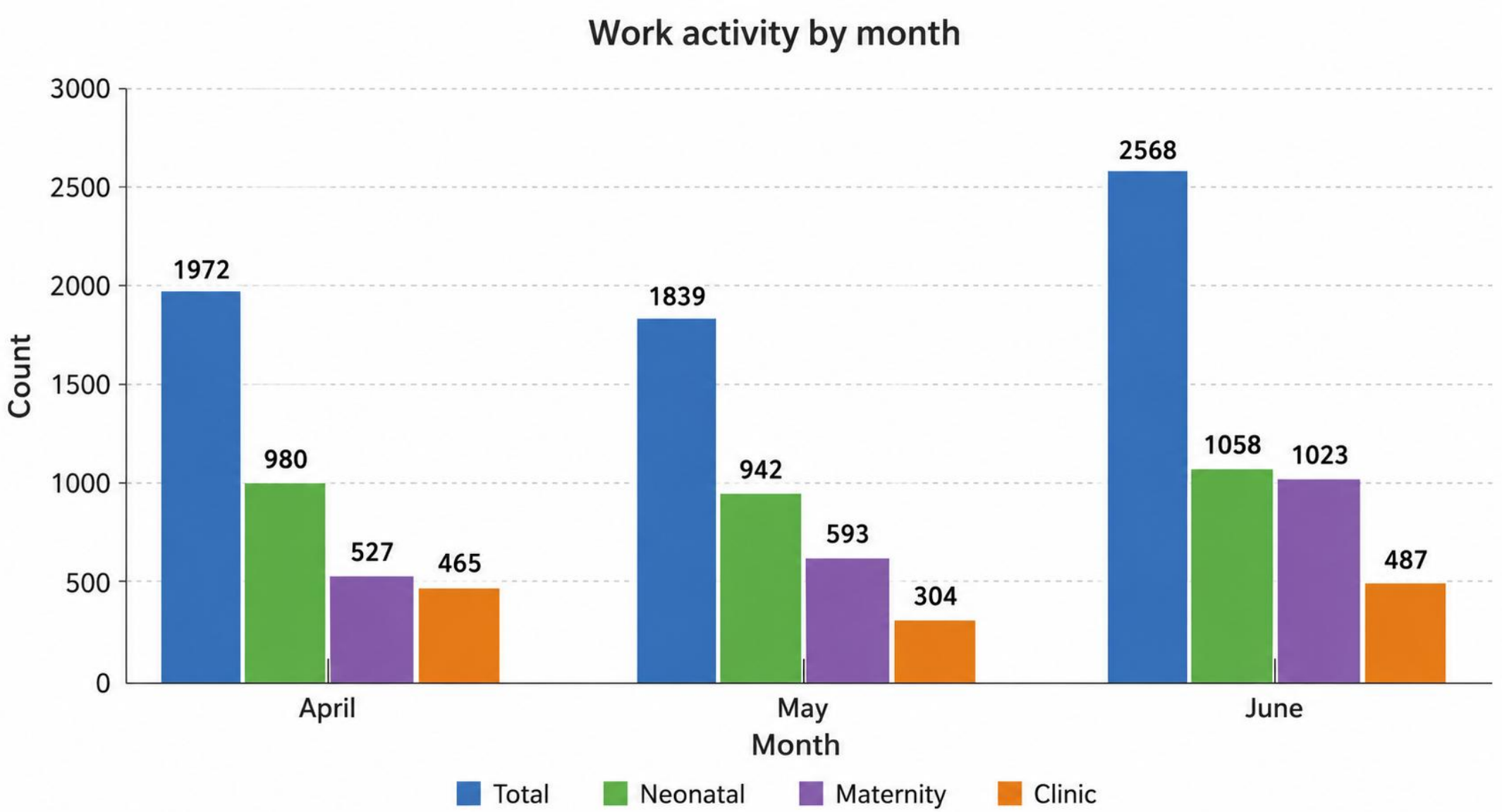
State of Palestine
Nutrition
Cluster

Partner Updates

GINA Infant Nutrition Alliance

Specialist Breastfeeding Support in Gaza

GNC update 22/07/2026


Work activity by month
Count
3000
2500
2000
1500
1000
500
0
1972
980
527
465
1839
942
593
304
2568
1058
1023
487
April
May
June
Month
Total
Neonatal
Maternity
Clinic

ADVANCED BREASTFEEDING SUPPORT

GINA provides specialist breaist-feeding support for the following:

INFANT COMPLEX CASES

- Premature and extremely premature infants
- Low birth weight infants (<2,500 g)
- Infants with poor weight gain or faltering growth (<6 months)
- Infants receiving malnutrition treatment requiring breastfeeding support
- Infants with cleft lip and/or palate requiring specialist feeding support

MATERNAL COMPLEX CASES

- Relactation support after breastfeeding has stopped
- Breast anomalies, including inverted nipples
- Management of severe nipple trauma, engorgement and mastitis
- Breastfeeding support for mothers experiencing mental health challenges
- Safe breastfeeding support through domestic violence care pathways

Working Locations

Area/City	Location Name	Address/ Description	Coordinates
Gaza	Al Helou	Al Nasser	31.525205, 34.447433
Deir Al Balah	Alawda hospital	An Nuseirat	31.448411, 34.389417
Deir Al Balah	Shuhada al-Aqsa	Deir al Balah / Alaqsa neighborhood	31.41997, 34.36
Khan Younis	Al-Atar PHCC	Al Mawasi	31.34546, 34.27839
Khan Younis	Nasser Medical Complex	City Centre	31.3471, 34.293
Khan Younis	The UK-Med Type 2	Al Mawasi	31.34882000 34.24831000

(Ref: image_213f9c.png)

How to access GINA's services

- **GINA walk-in clinics across Gaza:**
- Nasser Clinic: 6-days a week
- Al Attar Clinic (MSF): 3-days a week
- UK-MED Clinic – Khan Younis: 3-days a week
- Al Aqsa Clinic : 6-days a week
- Al Helou Clinic: 6-days a week

- Breastfeeding Support Hotlines (Available daily from 08:00 to 15:00)
  - North Area: 0592581368
  - Middle Area: 0595576793
  - South Area: 0595268505

- 24/7 GINA bel3arabi Instagram

GINA_BEL3ARABI

Thank you – contact@gina.org.uk

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AOB

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Thank you!